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CITY AND COUNTY OF THE CITY OF EXETER



EDUCATION COMMITTEE

ANNUAL REPORT

UPON THE

SCHOOL HEALTH SERVICE

FOR THE

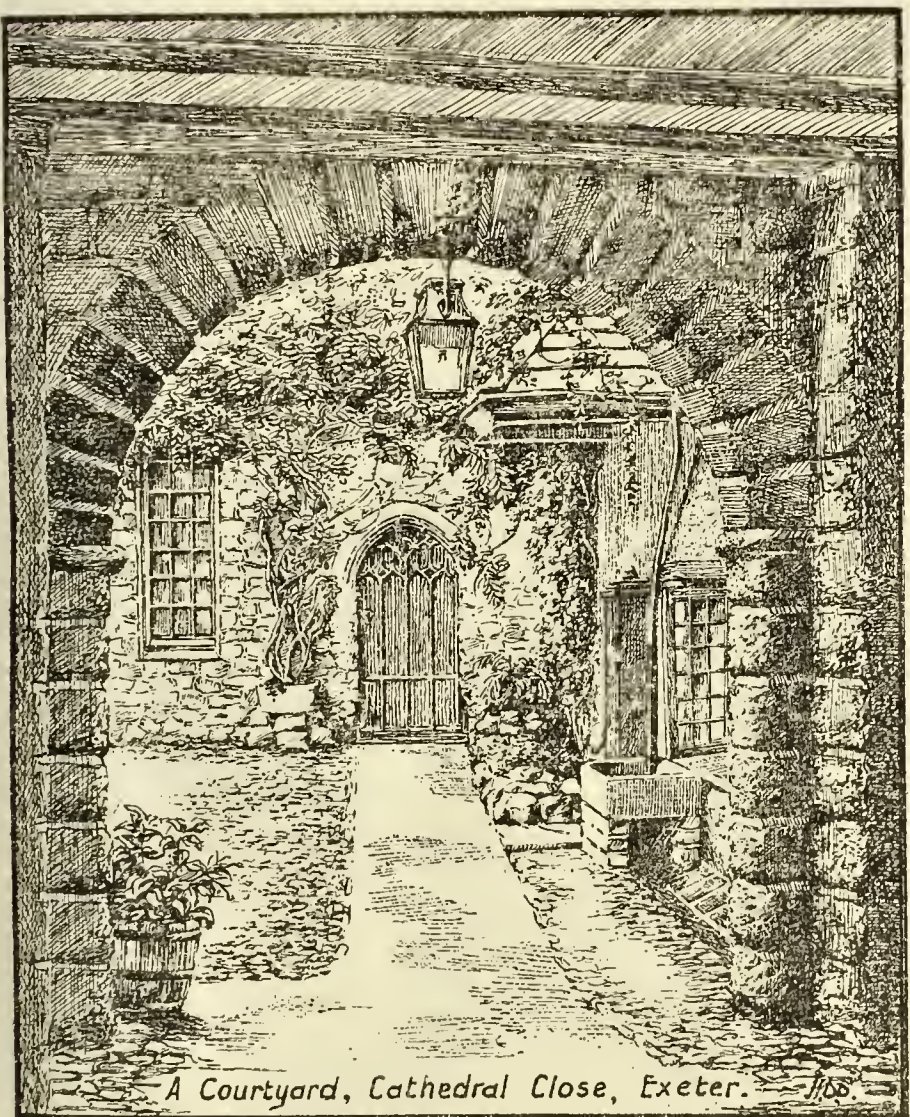
YEAR ENDED 31st DECEMBER, 1958

E. D. IRVINE, M.D., M.R.C.S., D.P.H.,

PRINCIPAL
SCHOOL MEDICAL OFFICER

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6.1.59


CITY AND COUNTY OF THE CITY OF EXETER



A Courtyard, Cathedral Close, Exeter.

(Above sketch by H. D. Doble, 1950)

The approach to this courtyard of the residence of the Bishop of Crediton has a very beautiful old carved oak door. The house fortunately survived the "Baedeker raid" of 1941, though the houses adjoining on the east side were badly damaged ; they have recently been reconstructed.



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SCHOOL HEALTH DEPARTMENT,
1A, SOUTHERNHAY WEST,
EXETER.

April, 1959.

To the Chairman and Members of the Education Committee.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

The work of the School Health Department this year has been overshadowed by the poliomyelitis vaccination campaign. This has involved an enormous amount of organisation ; advertising in many ways has been employed, and numerous open and special clinics have been run, staffed by doctors in the department, the school nurses and health visitors and the clerical staff of the School Health Service under the direction of Mr. Stamp, Clerk-in-Charge, to whose energy and fund of ideas, much of the success of our efforts must be attributed. This is not to underestimate the work done by the family doctors. The help of employers of young workers has been invaluable ; they not only allowed their staff to attend our open clinics in the firms' time, but also invited us to go into their premises, (factories, shops, offices, etc.), to give the vaccinations. We were lucky in being able by permission of the Council's Planning Committee to utilise as our open clinic empty shop premises in the centre of the city.

The figures as detailed in the report shew that not only the school children, but also the 15 to 25 year olds in the population have taken advantage of the scheme ; I understand, so far as the proportion of children under 15 years who have been vaccinated against poliomyelitis is concerned, the city ranks as second in the country. At the end of the year 35% of the 15 to 25 year olds in Exeter had been vaccinated (two doses) and this was far ahead of the national figure which, I believe, was then about 5% or 6%.

Nevertheless, we have continued as well as we could with the "routine" work of the department and 4,096 medical examinations of children were made. "Routine" is not a good word because we should always avoid any spirit of "routine" in school health work. It is for this reason that the full medical examinations in school are no longer styled routine inspections, but periodic ; this name will change too, so far as the greater part of the school life of the child is concerned, as increasingly the examinations become informal, occasional, and as required. The main body of the report sets out what has been found and it is encouraging to note that nutrition was satisfactory but one

disappointing feature is that we have had a slight deterioration in the head-cleanliness figures. I do not think this is of major significance, but obviously we must watch it. The heights and weights of the children are much as before, but certainly not increased. This, again, must be observed with some care. Of course, we are not anxious to see large, heavy children, and obesity in children is undesirable. It has long been understood that well-fed children grow more quickly and mature earlier than under-fed children. We do not know a great deal about the facts and we must simply, in default of more certain knowledge, maintain our teaching that meat, bread, milk and milk products, fresh vegetables and fruit, form the basis of a satisfactory diet ; our experience so far suggests that they are essential. Discussion of the significance of dietary fats—saturated and unsaturated—as a factor in the causation of arteriosclerosis (which is modern man's burden) ranges without any positive conclusion yet being reached.

ADJUSTMENT
TEACHING
(Pages 30, 31)

Adjustment teaching continues. It would be perhaps too optimistic to think it provides the whole answer to the problem of educationally subnormal and maladjusted children, but we still believe that this is an important contribution to their welfare : the city now has ten classes and five teachers : the classrooms are not all ideal, teachers and methods vary ; but the heads of the schools all value the classes and we feel they do most useful work. But I am not satisfied that we are doing all we should for the educationally subnormal children. We have no such classes in the senior schools and that is a very real deficiency. We should have such a class in every junior and senior school. We have no day special school for these children and in principle I do not think we should, but in lieu we should have more classes.

SCHOOL
ABSENCES
(Pages 51, 52)

We have had to discontinue our review of causes of illness, absences from school, from the end of the summer term but I have included a graph shewing the details over the five and a half years period (January, 1953—July, 1958) which is interesting, and worth study. It illustrates graphically the effect of influenza outbreaks, as the major disturbing factors, and also, quite strikingly the effect of school holidays on absence rates, but how far this is a reflex of the good effect of the school break, may be argued.

CHILD GUIDANCE
CENTRE
(Pages 34, 37)

Mrs. E. D. F. Garvie, M.A., was appointed to succeed Mrs. E. Lewis, M.A., as educational psychologist in September, 1958 ; Mrs. Lewis continued as part-time psychotherapist for two sessions a week. Under the guidance of the psychiatrist Dr. H. S. Gaussen, Mrs. Lewis has directed her time to intensive treatment of the most severely maladjusted children ; this has eased the position materially, reducing the waiting time for treatment. Open access to the clinics by parents, family doctors, teachers, etc., which began in

October, 1957, has proved very successful ; although more cases have been referred than in previous years there has been no excessive demand, so no great difficulty in coping with the cases has been experienced. I am anxious that more follow-up should be undertaken in regard to the after-histories of the cases but the staff are already fully engaged. Most cases are closed before the children leave school because these adolescents want as a rule to face the world themselves without outside help but, if there is a serious doubt about their being able to do so, they are offered the opportunity of attending a hospital out-patient clinic under the same psychiatrist (Dr. Gaussen). One major problem is the care of the child who needs treatment but whose parents cannot or will not secure it and we propose to make more intensive efforts in regard to these children. Dr. Gaussen is of the opinion that 2% of the children referred are probably psychotic, and these are children for whom a hospital children's unit is urgently needed; we have no such unit in the city or immediate surroundings.

Mr. J. B. Clark, resigned in September to take an appointment in his native Scotland and was succeeded by Mr. J. C. Lawson as Principal Dental Officer in November, 1958. We had four surgeries staffed during the second half of the year.

B.C.G. vaccination was carried out as usual and happily no special surveys re tuberculosis in schools were necessary in 1958.

I must admit that it is very doubtful if we have made much progress in regard to smoking by school children : all of us would be delighted if it were possible to make the cigarette a safe pleasure : but until that is the case, parents should do their best—wisely, and without much overt pressure—to persuade their children against the habit.

A review of accidents in schools has been made by Dr. G. P. McLauchlan, Deputy Principal School Medical Officer, using the reports of the head teachers : the injuries with very few exceptions were trivial. As we might expect, the gymnasium, and playing field accounted for rather more than half of the accidents reported.

Mrs. Sheila Smith resigned in November for the happiest of reasons. She had given excellent service as the senior of the clerks, having been in the department for 13 years. Mrs. June Burnett (after 10 years service) got well merited promotion as clerk-in-charge, Maternity and Child Welfare Service in the Health Department.

I would like to thank the Director of Education for his constant support ; also, the teachers, and the parents, who

all appreciate the work of the school health service and whose help is equally valued by us. The family doctors and consultants (especially Dr. F. S. W. Brimblecombe, Consultant Paediatrician) have always been in sympathy with our work.

I wish to thank, on behalf of all in the department, you, Mr. Chairman, and the Chairman of the Special Services Sub-Committee and the members of the Education Committee for your consideration throughout the year. The loss of Alderman Vincent Thompson, for so many years Chairman of the Committee, whose forthright attitude made for clear cut programmes and objectives has been keenly felt ; many have paid eloquent tributes to his work for the city. His especial care was plainly for the school children, and he was interested in the school health service : his name should be long honoured.

I am,

Your obedient servant,

E. D. IRVINE.

EXETER EDUCATION COMMITTEE

(as constituted on 31st January, 1959).

Chairman—

Alderman W. G. DAW

Deputy Chairman—

Councillor W. J. HALLETT, T.D., LL.B.

*Committee—**The R.W. The Mayor—*

(Councillor C. REW)

Alderman P. F. Brooks, B.E.M.

Alderman Major A. S. Powley

Alderman W. T. Slader, J.P.

Councillor P. E. Aylward

Councillor W. H. Down

Councillor J. G. Gater

Councillor F. H. Guscott

Councillor W. Hunt

Councillor Mrs. M. Nichols,
B.Sc.

Councillor F. J. Purton

Councillor A. H. Roberts

Councillor E. Russell

Councillor H. S. Sargent

Councillor P. A. Spoerer

Councillor Mrs. F. M. Vining

Councillor A. S. Webber

Councillor Mrs. E. J. Whit-
worthCouncillor Mrs. R. M.
Wickings*Co-opted Members—*

Mrs. B. M. Carpenter

Miss M. N. Church, B.Sc.

Mrs. B. Clarke

Rev. Preb. R. L. Collins, M.A.

J. W. Cook, D.Sc., F.R.S.

J. J. L. Gore, B.Sc.

Miss S. Y. Mathias, M.A.

S. L. Medlar, M.A.

Mrs. M. D. L. Purton

Miss G. M. Steffens

J. L. HOWARD, M.Sc., A.R.I.C., *Director of Education*E. D. IRVINE, M.D., M.R.C.S., D.P.H., *Principal School Medical Officer***STAFF OF THE SCHOOL HEALTH DEPARTMENT****Principal Sch. Med. Officer
& Medical Officer of Health**EDWARD D. IRVINE, M.D. (LIV.), M.R.C.S.,
L.R.C.P., D.P.H.**Dep. Principal Sch. Medical
Officer & Dep. Med. Officer
of Health.**GEORGE P. McLAUCHLAN, M.B., CH.B., (EDIN.),
D.C.H., D.P.H.**School Medical Officers**IRIS V. I. WARD, M.D. (LOND.), M.R.C.S., L.R.C.P.,
D.C.H.CHARLES H. J. BAKER, M.R.C.S., L.R.C.P., D.P.H.
(LOND.)

Principal Dental Officer	JAMES B. CLARK, L.D.S., R.C.S. (EDIN.), (Resigned 30.9.58) JAMES C. LAWSON, L.D.S., R.C.S. (ENG.), (From 1.11.58)
Dental Officers	MARTIN RADFORD, B.A., L.D.S., R.C.S. (ENG.) ROBERT B. MYCOCK, L.D.S. (BRIS.) KEITH S. CHAMBERS, L.D.S., R.C.S. (ENG.), (From 1.6.58)
Child Guidance Centre	HARDY S. GAUSSEN, M.R.C.S. (LOND.), L.R.C.P., Psychiatrist (part-time) MRS. E. LEWIS, M.A. (OXON.), M.ED. (BIRM.), Educational Psychologist (part-time) (Retired 31.8.58) MRS. E. D. F. GARVIE, M.A. (EDIN.), B.ED. (EDIN.), Educational Psychologist (part-time) (From 1.9.58) MISS K. HUNT, B.A. (LEEDS), Psychiatric Social Worker MRS. E. LEWIS, M.A. (OXON.), M.ED. (BIRM.), (Temporary Part-time Psychotherapist from 1.9.58)
Speech Therapist	MISS J. A. JACKSON, L.C.S.T., (Resigned 31.12.58)
Superintendent Sch. Nurse (Also Supt. Health Visitor)	MISS C. M. WILKINSON, S.R.N., S.C.M., H.V. Cert.
School Nurses (Also Health Visitors)	MISS L. M. BARRETT, S.R.N., S.C.M., (Pt.I), H.V. Cert. MISS G. M. BASTOW, S.R.N., S.C.M., (Pt.I) H.V. Cert. MISS B. A. BRAZIL, S.R.N., S.C.M., H.V. Cert. MISS Y. CASELLI, S.R.N., R.F.N., S.C.M., H.V. Cert. MRS. K. DUNHAM, S.R.N., S.C.M., (Pt.I) H.V. Cert. MISS A. E. EDDS, S.R.N., S.C.M., H.V. Cert. MISS H. M. SHEWAN, S.R.N., S.C.M., (Pt.I) H.V. Cert. MRS. E. STANNARD, S.R.N., S.C.M., H.V. Cert. Public Health Inspector's Cert. MISS L. E. WATHEN, S.R.N., S.C.M., H.V. Cert.
Temporary School Nurses (Part-time)	MRS. D. M. WAKELY, S.R.N. MRS. K. A. ATKINS, S.R.N.
Temporary Clinic Nurses . (Part-time)	MRS. T. S. TILLER, S.R.N. MRS. M. A. MACNAMARA, S.R.N. MRS. B. M. SHORLAND, S.R.N., (Resigned 6.9.58) MRS. B. P. TAYLOR, S.R.N., (From 29.9.58)
Dental Attendants ...	MISS D. G. FREEMAN MISS E. M. PINKHAM MISS J. M. BACON MISS E. E. WHEELER (From 1.7.58)
Clerks ...	MR. W. H. STAMP (Administrative Assistant) MRS. S. M. SMITH (Resigned 30.11.58) MRS. J. BURNETT, (Trans. to M. & C.W. Dept., 30.6.58) MISS J. J. MILLER MISS M. A. COX MRS. C. M. NILES (From 17.11.58) MISS S. M. BROWSE, (Temp. from 7.7.58) MISS M. A. FENWICK, (Dental) MRS. P. I. GOSS (Child Guidance Centre)

STATISTICS AND GENERAL INFORMATION

Population of City (Mid-Year 1958)	....	....	....	76,900
Population (city) between 5 and 15 years (Mid-Year 1958)				
approx.	....	....	....	11,800
Population of Maintained Schools as at January, 1959	....			11,084
Number of Maintained Schools	....	....	....	38

PUPILS			SCHOOLS	
Boys	Girls	Total	Department	Number
22	21	43	Nursery	1
1,200	1,197	2,397	Infants	16
2,083	1,997	4,080	Junior	16
1,540	1,527	3,067	Secondary Modern	8
358	—	358	Secondary Technical Grammar	1
586	538	1,124	Secondary Grammar	2
9	6	15	Hospital Special School (Honeylands)	1
5,798	5,286	11,084	TOTALS	45

Those schools having both infants and juniors have been counted as having two departments. There was no change in the number of schools or departments.

The number of pupils in the maintained schools was 384 more than at the same time in 1958. A decrease in the numbers in the junior schools was matched by a small increase in the infant schools (a secondary small bulge due mainly to accepting children at a slightly earlier age); a slightly larger increase was evident in the secondary schools.

SCHOOL BUILDINGS

I am indebted to the City Architect (Mr. H. B. Rowe) for the following notes on work carried out by his department in the schools during 1958.

(a) School Meals Service

The ceiling of the kitchen at Summerway Junior Mixed School was treated with sprayed 'Limpet' asbestos to prevent condensation.

Internal redecoration was carried out to rooms used for school meals purposes, as follows :—

- (i) John Stocker Secondary Modern Boys' School—dining room and servery.
- (ii) Priory Secondary Modern Girls' School—office and staff-rooms (meals).
- (iii) Vincent Thompson Secondary Modern Boys' School—kitchen and stores.
- (iv) Stoke Hill Infants' School—kitchen and stores.
- (v) Newtown Junior Mixed and Infants' School—kitchen.

(b) Alterations

The central heating boiler at Cowick Street Infants' School was replaced.

The floor of the dining room at Montgomery Junior Girls' and Infants' School was covered with cork tiles as it is used extensively for teaching purposes.

The wood block flooring of two rooms at John Stocker Junior Boys' School was renewed.

At Bradley Rowe Schools one of the defective central heating boilers was replaced. Electric power points to allow the use of record players and projectors were provided in the Bradley Rowe Junior Schools.

Two classroom floors at Ladysmith Infants' School were renewed in Granwood composition block.

A wire-netting fence was erected over the boundary wall at John Stocker Junior Boys' School to prevent balls from the playground reaching the highway.

One of the two heating boilers at Ladysmith Secondary Modern Boys' School was replaced.

A hut at the Technical College premises in Bartholomew Street was adapted as a kitchen for instructional purposes.

Cork tiles were laid over the Pitchmastic floors of two classrooms at the Technical Grammar School.

(c) Internal Decorations of a major character were carried out at the following schools :

Chestnut Avenue Nursery School
 Cowick Street Infants
 John Stocker Junior Boys
 Newtown Jun. Mxd. & Infants
 St. Sidwell's Jun. Mxd. & Infants
 St. David's Jun. Mxd. & Infants
 Bradley Rowe Infants
 Bradley Rowe Junior Boys
 Ladysmith Junior Mixed
 Whipton Infants
 Countess Weir Junior Mixed
 Countess Weir Infants
 Summerway Junior Mixed
 St. James Sec. Mod. Girls
 Episcopal Sec. Mod. Boys

Ladysmith Sec. Mod. Boys
 The Priory Sec. Mod. Girls
 Vincent Thompson Sec. Mod. Boys
 Technical Grammar
 Stoke Hill Junior Mixed
 John Stocker Sec. Mod.
 Hele's
 Bishop Blackall
 Pilton House
 (Child Guidance Centre)
 Bull Meadow Cookery Centre
 Montpellier
 (Central Technical College)
 Community Centre—17 Cowick St.

(d) **Minor Redecorations**

In addition to the internal redecoration work referred to above, minor work was carried out at eight other schools or properties controlled by the Education Committee.

SCHOOL HYGIENE

The use of paper towels, exclusively for hand drying has been extended to some 16 schools with 4,500 children and found to be satisfactory ; this is a favourable development.

During the course of the year attention was drawn amongst other things to the sanitary accommodation at Bishop Blackall, Bradley Rowe Infants, Holloway Street Infants, John Stocker Junior Boys, Newtown J.M. & I. and St. Thomas G.S.M. schools, which is not entirely satisfactory ; and to the inadequate drying accommodation for wet clothes at Whipton Infants, Bishop Blackall, Countess Weir Infants, John Stocker J.B. and St. Thomas G.S.M. schools.

Medical Examinations

In a total school population of 11,084 the periodic medical inspections numbered 4,096 and other medical examinations 2,003. Parents were present at 2,899 (71%) of the complete examinations (see table on page 15). Parents are not normally invited to be present at the re-examinations but are occasionally invited to the special examinations : these attendances are not, however, recorded for statistical purpose. 784 children (approximately 1 in 5 of those examined at the periodic inspections as compared with 1 in 6 in 1957) were found to require treatment for some defect other than dental disease which is common or verminous conditions which are rare.

General Condition of the Children

The general condition of the children continues to be satisfactory, 99.9% having been so classified by the medical officers, compared with 99.7% so graded last year. Children whose general condition is considered unsatisfactory, are investigated.

In only 4 girls (0.1%) out of 4,096 children having complete medical examinations during 1958 was the general physical condition reported to be unsatisfactory (1 infant, 1 junior and 2 senior). None of these girls took school dinners but three took school milk. In only 2 was there a substantial defect : double otorrhoea and deafness (1) ; kyphosis (1). All had satisfactory

maternal care and satisfactory housing conditions. 3 were kept under observation (to be medically examined, weighed and measured every term), and I was referred to family doctor.

Of the 11 children listed in last year's report, 1 was classified as satisfactory during 1958, 3 as improved, and no change was reported in the remaining 7 cases.

NOCTURNAL ENURESIS

It was not possible owing to the pressure of the poliomyelitis vaccination campaign to make the full investigation we hoped to make in 1958. However, we hope to continue with the investigation. During 1958, 76 children (27 girls and 49 boys—with nocturnal enuresis) were seen at routine medical examinations :—

			<i>Under 5</i>	<i>5 yrs.</i>	<i>6-10 yrs.</i>	<i>11-15 yrs.</i>
Girls	....	....	3	13	7	4
Boys	....	....	2	13	26	8
Frequency of bedwetting			<i>Every night</i>	<i>Once a week</i>	<i>Occasional</i>	<i>Periodic</i>
Girls	....	....	10	8	6	3
Boys	....	....	17	4	20	8

None of these was stated to have any enuresis in the day time. There was one other child who suffered from enuresis in the day time only (not discussed here).

Size of family. The enuretic child :

- was the only child in 6 families.
- was one of two children in 22 families.
- was one of three children in 20 families.
- was one of four children in 12 families.
- was one of five or more children in 16 families.

Intelligence. This was not measured but there were no children classified or regarded as educationally subnormal among them.

Maladjustment. 2 children were classified as maladjusted and 11 other children were described as being "highly strung" or "nervous."

Speech defect. 5 children were attending for speech therapy (2 girls and 3 boys).

Other defects. 2 suffered from asthma, 1 had a congenital heart lesion and 1 was blind.

Family history. Only in 7 cases was there a history of bedwetting in other children in the family.

Specific possible causes. In 2 cases bedwetting started when the child started school and in one case it started after the arrival of a new baby. In one case it only occurred on one night a week that on which the mother went out on a part-time job. In 2 cases the parents had separated, and in 2 others the mother had died.

PARENTS' ATTENDANCES AT COMPLETE EXAMINATION

AGE GROUP	No. of Children examined	No. of Parents present	Percentage
5 year olds 	645	602	93%
8 year olds 	785	683	87%
11 and 12 year olds 	931	734	79%
14 year olds 	509	238	47%
15 year olds and over 	793	252	32%
OTHER AGE GROUPS 	433	390	92%
TOTAL (1958) 	4,096	2,899	71%
TOTAL (1957) 	4,139	3,122	75%
TOTAL (1956) 	4,793	3,559	74%

HEIGHTS AND WEIGHTS.

BOYS' HEIGHTS

MINISTRY OF EDUCATION STANDARD (1928)			EXETER BOYS					
Age	Height in inches	Age	No. Exam- ined in 1958	Average Height in Inches				
				1958	1957	1956	1955	1954
5 (4½-5½) yrs.	41.4	4 (4-5) yrs.	5	42.5				
6 (5½-6½) "	43.0	5 (5-6) "	297	42.8	43.6	43.4	43.7	43.1
7 (6½-7½) "	45.4	6 (6-7) "	178	44.2				
8 (7½-8½) "	47.8	7 (7-8) "	13	46.5				
9 (8½-9½) "	49.2	8 (8-9) "	213	50.1	50.5	50.7	50.4	50.3
10 (9½-10½) "	51.3	9 (9-10) "	167	51.3				
11 (10½-11½) "	52.7	10 (10-11) "	25	52.5				
		11 (11-12) "	149	56.5	56.9	56.7	56.5	56.7
		12 (12-13) "	232	57.7	57.6	57.5	57.7	58.1
		13 (13-14) "	119	59.3				
13 (12½-13½) "	56.2	14 (14-15) "	143	63.3	63.7	63.5	63.8	63.3
14 (13½-14½) "	58.0	15 (15-16) "	234	64.2	67.5	66.6	66.4	66.0
		16 (16-17) "	108	66.7				
		17 (17-18) "	19	68.0	69.3	69.0	69.2	67.8
		18 (18-19) "	28	69.5				
		19 (19-20) "	2	68.2				

BOYS' WEIGHTS

MINISTRY OF EDUCATION STANDARD (1928)			EXETER BOYS					
Age	Weight in pounds	Age	No. Exam- ined in 1958	Average Weight in Pounds				
				1958	1957	1956	1955	1954
5 (4½-5½) yrs.	38.7	4 (4-5) "	22	36.1				
6 (5½-6½) "	41.3	5 (5-6) "	291	42.0	43.1	43.1	44.0	42.7
7 (6½-7½) "	45.4	6 (6-7) "	178	44.1				
8 (7½-8½) "	51.0	7 (7-8) "	13	50.0				
9 (8½-9½) "	54.8	8 (8-9) "	213	58.1	60.3	60.3	60.7	60.2
10 (9½-10½) "	59.6	9 (9-10) "	167	62.2				
11 (10½-11½) "	64.6	10 (10-11) "	25	66.8				
		11 (11-12) "	147	81.0	82.8	83.2	81.9	80.7
13 (12½-13½) "	76.5	12 (12-13) "	232	85.8	88.4	85.2	85.1	86.7
14 (13½-14½) "	86.1	13 (13-14) "	119	93.0				
		14 (14-15) "	143	112.0	113.9	113.6	115.4	109.7
		15 (15-16) "	234	115.3	130.4	129.9	128.8	127.7
		16 (16-17) "	108	129.6				
		17 (17-18) "	19	144.1	148.6	144.7	144.5	147.0
		18 (18-19) "	28	150.6				
		19 (19-20) "	2	156.4				

GIRLS' HEIGHTS

MINISTRY OF EDUCATION STANDARD (1928)			EXETER GIRLS					
Age	Height in inches	Age	No. Exam- ined in 1958	Average Height in Inches				
				1958	1957	1956	1955	1954
5 (4½-5½) yrs.	41.1	4 (4-5) yrs.	5	42.8				
6 (5½-6½) "	42.8	5 (5-6) "	307	42.7	43.0	43.1	43.3	42.5
7 (6½-7½) "	45.1	6 (6-7) "	173	43.7				
8 (7½-8½) "	47.5	7 (7-8) "	15	43.0				
9 (8½-9½) "	48.9	8 (8-9) "	210	49.8	50.0	50.0	50.1	49.8
10 (9½-10½) "	51.2	9 (9-10) "	188	50.5				
11 (10½-11½) "	52.8	10 (10-11) "	25	52.6				
		11 (11-12) "	222	57.3	57.2	57.5	57.2	56.9
13 (12½-13½) "	56.9	12 (12-13) "	301	58.4	58.6	58.5	58.3	58.6
14 (13½-14½) "	58.9	13 (13-14) "	105	59.6				
		14 (14-15) "	118	62.7	62.6	62.4	62.1	61.9
		15 (15-16) "	243	62.6	68.0	63.1	63.6	63.6
		16 (16-17) "	99	63.7				
		17 (17-18) "	31	64.1	63.2	64.4	64.2	63.9
		18 (18-19) "	22	64.9				
		19 (19-20) "	2	65.6				

GIRLS' WEIGHTS

MINISTRY OF EDUCATION STANDARD (1928)			EXETER GIRLS					
Age	Weight in pounds	Age	No. Exam- ined in 1958	Average Weight in Pounds				
				1958	1957	1956	1955	1954
5 (4½-5½) yrs.	37.5	4 (4-5) yrs.	16	36.4				
6 (5½-6½) "	40.1	5 (5-6) "	298	41.0	41.7	41.7	42.5	41.8
7 (6½-7½) "	44.4	6 (6-7) "	173	42.8				
8 (7½-8½) "	49.4	7 (7-8) "	15	47.0				
9 (8½-9½) "	52.6	8 (8-9) "	210	58.3	59.4	58.2	59.5	58.3
10 (9½-10½) "	59.8	9 (9-10) "	188	59.7				
11 (10½-11½) "	63.9	10 (10-11) "	25	63.5				
		11 (11-12) "	221	83.5	84.5	86.0	85.3	82.8
13 (12½-13½) "	79.0	12 (12-13) "	299	88.4	88.6	91.0	89.4	90.7
14 (13½-14½) "	88.2	13 (13-14) "	105	96.5				
		14 (14-15) "	118	114.3	114.1	113.5	112.1	111.2
		15 (15-16) "	243	112.7	111.5	123.1	123.2	124.8
		16 (16-17) "	98	127.0				
		17 (17-18) "	31	120.3	119.0	133.3	130.5	129.5
		18 (18-19) "	22	133.9				
		19 (19-20) "	2	131.0				

This year the heights and weights of the children have been shown according to the ages of the children in annual groups. It is curious that in almost every group the heights and weights are slightly lower than in previous years, but the variation is quite small except in the boys in the age group 15 where the difference is not small; the numbers included in this group was much smaller last year than this year, which makes comparison more uncertain. However, we shall watch this.

HEARING— AUDIOMETRIC TESTING

During 1958, 23 children (11 boys and 12 girls) were given audiometric tests as a result of either the teacher's request or medical examination (periodic inspections, etc.). All were examined by a school doctor to ascertain if possible any cause for deafness; some children shewed quite a severe hearing loss. The table set out below shews the medical officers' recommendations :

	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Referred to Ear, Nose and Throat Specialists	4	4	8
For observation	—	5*	5
Not deaf enough to require action	7	3	10
TOTALS	11	12	23

Recommendations of the Ear, Nose and Throat Specialists :—

- (a) 1 (girl)—examination under anaesthetic—adenoids removed.
- (b) 1 (girl)—tonsils and adenoids operation—awaiting operation.
- (c) 4 (3 boys and 1 girl)—no active medical treatment considered necessary.
- (d) 1 (girl)—hearing aid advised.
- (e) 1 (boy)—treatment by own doctor.

None were referred for educational treatment in a school for the deaf.

*One of these girls was supplied with a hearing aid in 1955. In May, 1958, it was found that she was having 'boils' in both ears and was getting very depressed; after consultation with the family doctor it was agreed she should temporarily discard her hearing aid: she could hear a low speaking voice quite easily. In September her hearing loss was 20 decibels at 1,000 cycles in the right ear; the other results were all within the normal range. After a further discussion with family doctor it was agreed she should continue without her Medresco Hearing Aid. She will be kept under supervision in 1959.

HEARING AIDS

During 1958 only 1 child—a boy aged 4½ years attending the Nursery School—was found to require a hearing aid. In view of the severity of his deafness a commercial monopak transistor hearing aid was supplied by the Authority through the Hearing Aid Department of the Royal Devon and Exeter Hospital, on the recommendation of the Assistant Director, Audiology Unit, The Royal National Throat, Nose and Ear Hospital, London. 9 other children (4 boys and 5 girls) had been provided with hearing aids in previous years. All the children attend ordinary schools in

the city and are managing all right. One of these children—a boy aged 13—had his old hearing aid replaced during 1958 by a Mark 1 Medresco transistor aid by the Regional Hospital Board.

We have no special classes or units attached to ordinary schools; children requiring education in a special school for the deaf attend the Royal School for the Deaf, Exeter, mostly as day pupils, a few as boarders. (see page 29). No special teachers of the deaf or partially deaf are employed by the authority.

Otorrhoea : “ running ear ” was found in 49 children as compared with 36 last year; 46 (i.e. 1 in 89 of those examined) were found at periodic examinations and 3 children at special, not complete examinations (i.e. 1 in 200 examined); 12 were referred for treatment, the remaining 37 cases being kept under observation.

52 children were referred for treatment of nose and throat defects, whilst a further 277 children are being kept under observation.

During the year only 2 children (1 boy and 1 girl) attended school clinics with suppurative otitis media; both had otorrhoea for the first time. After investigation by an ear, nose and throat surgeon one had adenoids removed, and one had Schwartze mastoid operation, and later T. & A. operation.

VISION

During the year 884 children were referred by the school medical officers to the West of England Eye Infirmary for refraction. These included 187 (77 boys and 110 girls) referred for the first time and spectacles were prescribed for 109 (45 boys and 64 girls) of these 187 children. There is no delay in securing spectacles for school children but very considerable effort is needed to secure a satisfactory response by the children and parents. A small number attend private ophthalmic opticians.

VISION EXAMINATION OF SIX YEAR OLD CHILDREN

During 1958, 906 six year old children (445 boys and 461 girls) were so examined by the school nurses at 16 schools; 31 children (14 boys and 17 girls) apart from children already wearing spectacles were found to have vision worse than 6/12 in either or both eyes, and referred for further examination by the school medical officers. The table below sets out the action taken :—

	Boys	Girls	Total
For observation by school medical officers	6	3	9
Referred to Eye Infirmary by school medical officers	7	12	19
Attended private opticians	—	1	1
No action	1	1	2
TOTAL	14	17	31

				<i>Boys</i>	<i>Girls</i>	<i>Total</i>
RESULT OF EXAMINATION AT THE EYE INFIRMARY—						
Spectacles prescribed	....	....	....	6	10	16
Spectacles not prescribed	....	....	....	—	1	1
Failed to Attend	....	....	....	1	1	2
TOTAL				7	12	19

This special 6 year old vision test will no longer be carried out ; all infants entering school from the beginning of the Autumn Term 1958 have had their vision tested at their " entrants " examination. 6 plastic rotating " E " charts have been purchased to make this vision test possible for those children who do not know their letters.

VISION EXAMINATION OF THIRTEEN YEAR OLD CHILDREN

749 children (338 boys and 411 girls) in their fourteenth year were examined during the year ; of these, 116 (47 boys and 69 girls) already had spectacles. 14 children (5 boys and 9 girls) i.e. 1.8%, who had not previously been reported as having defective vision, were found to have vision of 6/12 in either eye or worse for distant vision. In 7 children (4 boys and 3 girls) myopia was found for the first time. The tables below set out the action taken re the 14 children with defective vision :—

				<i>Boys</i>	<i>Girls</i>	<i>Total</i>
RESULT OF EXAMINATION BY SCHOOL MEDICAL OFFICER						
For observation at school	....	....	....	—	3	3
Referred to Eye Infirmary	....	....	....	5	6	11
TOTAL				5	9	14

RESULT OF EXAMINATION AT THE EYE INFIRMARY :						
Spectacles prescribed	....	....	....	5	5	10
Spectacles not prescribed	....	....	....	—	1	1
TOTAL				5	6	11

SQUINT

During 1958, 11 new confirmed cases of squint (6 boys and 5 girls) were found in children attending our schools and infant welfare clinics and were referred to the West of England Eye Infirmary which provides eye service for this area. In addition, 33 children (24 boys and 9 girls) already attending the Eye Infirmary because of squint, were seen at medical inspections during the year. The following details were obtained :—

New Cases (11)

There were no apparent or alleged causes recorded.

Diagnosis : left convergent 6 (4 boys, 2 girls) ; right convergent 1 (boy) ; alternating convergent 1 (girl) ; right divergent 1 (boy) ; latent divergent 2 (girls).

Treatment : operation 1 (boy) ; occlusion and observation 3 (1 boy, 2 girls) ; exercises 1 (girl) ; observation 6 (4 boys, 2 girls).

Age at Onset : 6-12 months, 1 (boy) ; 1-2 years, 2 (boys) ; 2-3 years, 2 (girls) ; 4-5 years, 3 (2 boys, 1 girl) ; 5-10 years, 2 (girls) ; age not known, 1 (boy).

Age when referred : 1-2 years, 1 (boy) ; 2-3 years, 1 (girl) ; 5-10 years, 9 (5 boys, 4 girls).

Average time lag between onset and reference to Eye Hospital : 23 months.

In only 2 cases (both boys) was there any familial history, although 1 (boy) was a foster child.

Old Cases (33)

Alleged cause : whooping cough 1 (girl) ; measles 2 (1 boy, 1 girl) ; chicken pox 1 (girl) ; congenital 2 (1 boy, 1 girl) ; abscess behind eye 1 (boy) ; ' tiredness ' 1 (boy) ; " beads on pram " 1 (boy) ; paralysis 1 (boy) ; not known 23 (18 boys, 5 girls).

Diagnosis : left convergent 8 (7 boys, 1 girl) ; right convergent 12 (9 boys, 3 girls) ; alternating convergent 9 (8 boys, 1 girl) ; left divergent 3 (girls) ; right divergent 1 (girl).

Treatment : operation 4 (boys) ; operation and occlusion 12 (9 boys, 3 girls) ; operation and exercises 3 (1 boy, 2 girls) ; occlusion and exercises 2 (1 boy, 1 girl) ; occlusion 4 (boys) ; exercises 2 (1 boy, 1 girl) ; observation 6 (4 boys, 2 girls).

Age at Onset : under 6 months, 4 (2 boys, 2 girls) ; 6-12 months, 3 (2 boys, 1 girl) ; 1-2 years, 6 (5 boys, 1 girl) ; 2-3 years, 7 (boys) ; 3-4 years, 6 (3 boys, 3 girls) ; 4-5 years, 2 (1 boy, 1 girl) ; 5-10 years, 4 (3 boys, 1 girl) ; 10-15 years, 1 (boy).

Age when referred : 1-2 years, 1 (boy) ; 2-3 years, 3 (1 boy, 2 girls) ; 3-4 years, 12 (10 boys, 2 girls) ; 4-5 years, 8 (5 boys, 3 girls) ; 5-10 years, 7 (5 boys, 2 girls) ; 10-15 years, 2 (boys).

Average time lag between onset and reference to Eye Hospital : 22 months.

In only 10 cases (8 boys, 2 girls) was there any familial history.

COLOUR VISION

During 1958, 1,041 children (570 boys and 471 girls), mainly 11 year olds, were tested by the nurses using the Ishihara Colour Vision Testing Plates and 38 children (35 boys and 3 girls) were considered to have defective colour vision. Medical officers using the Giles Archer Lantern test, tested 26, 2 failed to attend and 10 are still awaiting the test ; in addition 2 boys first tested (Ishihara) in 1957 were examined (both safe).

The tables below set out the results of the tests :—

ISHIHARA TEST RESULTS (in 1958)	Boys	Girls	Total
No. examined	570	471	1,041
No. found to have defective colour vision	35 (6.1%)	3 (0.6%)	38
GIRLS :			
Red-Green		1	1
Inconsistent		2	2
Boys :			
Completely Red-Green	5		
Completely Green	13		
Partially Green	9		
Inconsistent	8		35

COLOUR VISION — RESULTS OF TESTS USING GILES-ARCHER LANTERN

YEAR	TESTED BY ISHIHARA PLATES		FOUND DEFECTIVE		GILES-ARCHER LANTERN TEST (R.A.F. STANDARD)						TOTAL
	B.	G.	B.	G.	SAFE		UNSAFE		NOT TESTED		
1955	806	455	54	2	22	—	32	2	—	—	56
1956	926	885	53	1	24	—	29	—	—	1	54
1957	714	433	38	2	20	1	15	1	3	—	40
1958	570	471	35	3	23	3	—	—	12	—	38
TOTAL 1955/58	3,016	2,244	180	8	89	4	76	3	15	1	188

The proportion of boys with “unsafe” colour vision (Royal Air Force standard) is 2.5% and of girls is 0.1%

In view of the small number of girls found to be colour defective the systematic examination of colour vision testing in girls was discontinued from December, 1958 ; the head teachers were asked to refer any girls about whose colour vision they were in doubt.

OPERATIVE TREATMENT FOR ADENOIDS AND CHRONIC TONSILITIS

123 children in maintained schools were known to us to have had their adenoids and/or tonsils removed in 1958, i.e. 1.1% of the school population. We believe this to be an estimate very close to the facts.

Year		No. of Operations	School Population	Operations per 100 Children
1958	....	123	11,084	1.1
1957	....	129	10,700	1.2
1956	....	91	10,515	0.9
1955	....	140	10,306	1.4
1954	....	155	9,986	1.6
1953	....	121	9,682	1.2
1952	....	168	9,272	1.8

65 school children (32 boys and 33 girls) were known to the department as awaiting tonsil and/or adenoid operation on 31.1.59.

TONSIL AND/OR ADENOID OPERATIONS, 1958

Age at Operation				Boys	Girls	1958 Total	1957 Total
5 years	....	....	....	8	8	16	14
6	..	....	....	18	18	36	39
7	..	....	....	14	11	25	27
8	..	....	....	9	9	18	17
9	..	....	....	4	5	9	13
10	..	....	....	3	4	7	8
11	..	....	....	1	6	7	8
12	..	....	....	—	5	5	—
13	..	....	....	—	—	—	2
14	..	....	....	—	—	—	—
15	..	....	....	—	—	—	1
TOTAL				57	66	123	129

During 1958, 517 children out of 4,096 seen at periodic medical inspections (259 boys and 258 girls) were recorded as having had tonsillectomy—i.e. 12.6% of those examined.

The table below shews the sex and age groups of those children found at periodic medical inspections to have had tonsillectomy :—

Age Groups Examined

ENTRANTS (5 years old)			INTERMEDIATE (between 6 and 13 yrs.)			LEAVERS (14 yrs. & over)			TOTAL		
B.	G.	No. Exd.	B.	G.	No. Exd.	B.	G.	No. Exd.	B.	G.	No. Exd.
5	5	645	177	182	2,378	77	71	1,073	259	258	4,096
10 = 1.5%			359 = 15.1%			148 = 13.8%			517 = 12.6%		

YEAR ENDING 31st DECEMBER, 1958 REPORT OF THE PRINCIPAL DENTAL OFFICER

(J. C. Lawson, L.D.S., R.C.S., (Eng.))

For the first time in the history of the city's dental department, it has been possible to carry out an examination of all the children in the schools maintained by the authority.

I am also glad to be able to report an increase in the number of teeth filled and a slight decrease in the number of teeth extracted. This improvement is due to our having a full establishment of dental officers during the last six months of the year.

Mr. K. S. Chambers, L.D.S. was appointed school dental officer on 1st June, 1958 with the result that the St. Thomas dental clinic was opened full time. This was much appreciated by pupils, parents and teachers in that area.

Mr. J. B. Clark, L.D.S. resigned from the post of Principal Dental Officer on 30th September, and I was appointed in his place from 1st November, 1958.

I would like to express my thanks to the dental staff whose co-operation has made it so much easier for me to continue the efficient working of the department.

Dental Inspections

The number of children inspected in school was 9,740, an increase of 647 compared with the previous year. The number of "specials" inspected was 1,492. These children either presented themselves at the clinic with toothache, or were sufficiently interested to seek advice. The number of "specials" should decrease as the schools are inspected and treated regularly, and in 1959, provided we maintain a full establishment of dental officers, I hope to see this figure considerably reduced.

Age Distribution of Children Inspected and Referred.

Age in years.	Udr.	5	6	7	8	9	10	11	12	13	14	15	16	17	18	Total
No. inspected in schools ..	43	489	828	834	876	924	1048	955	903	863	943	670	191	112	61	9,740
No. referred for treatment ...	18	251	449	440	449	457	543	535	571	511	551	333	82	41	23	5,254

Treatment

As previously stated, the number of teeth filled has increased by 459, from 4,924 in 1957 to 5,383 in 1958.

Among the "other operations" listed in Table V, 219 children had their teeth scaled and 443 dental x-rays were taken.

Orthodontia

These figures show a great increase of work in this specialised branch of dentistry. At the beginning of the year 106 cases were being treated, 169 new cases were added and 45 were completed

or discontinued during the year, leaving 230 still under treatment at the end of 1958. Whilst this is regarded as important treatment, we must not allow over-enthusiasm for orthodontia to reduce a dental officer's normal routine work.

Anaesthetics

In November last, a weekly anaesthetic session was commenced at the Whipton clinic, this has been most welcome to parents and children living in this area, particularly as the journey from Whipton to Southernhay is difficult for mothers who cannot leave their homes for long periods of time.

I propose to arrange similar sessions at the St. Thomas clinic early in 1959.

Dr. G. M. Higgins resigned from the post of part-time anaesthetist with the local authority in August. Dr. N. G. P. Butler was appointed her successor on 21st August, 1958 and since that date his duties have consisted of administering anaesthetics on 3 sessions a month. Of the approximate monthly total of 12 anaesthetic sessions, the remaining 9 are carried out with a dental officer administering the anaesthetics.

I would like to thank the head teachers and their staffs for their co-operation at dental inspections and for all the extra work and time involved in encouraging the children to keep their appointments.

Dental Clinics	<i>Attendances</i>		
	1956	1957	1958
Central Clinic, 1a Southernhay West	4,735	4,832	5,384
Whipton Health Clinic	1,550	2,365	2,133
St. Thomas Clinic	—	1,347	1,682
TOTALS	6,285	8,544	9,199

CLEANLINESS

EXAMINATIONS IN SCHOOLS are carried out by the nurses as follows :— every term in the infant, junior mixed, junior girls and girls' secondary modern schools; twice a year in the junior boys' schools. No routine examinations are carried out in the boys' secondary modern, grammar or technical schools, nor in the girls' grammar school, but children known to be affected in the junior schools are followed up when they move to the senior schools.

The total number of children in the schools at the end of the year (estimated mid-January) was 11,084. The cleanliness examinations numbered 21,892. The number of individual children found to have nits or vermin in the hair at these examinations was 175 (122 girls and 53 boys) giving an overall rate of 1.6% (2.3% among the girls and 0.9% among the boys). These findings shew a small increase on last year when 152 children (112 girls and 40 boys) out of a school population of 10,700 were found affected.

Of the 175 children, 58 (41 girls and 17 boys) were found infested more than once (after allowing a reasonable interval for cleansing) during this year. This is 17 more than last year. It is worth noting that 52 of the children concerned had been found unclean in the previous year.

“ Sacker ” combs are available on loan and for sale at reduced prices ; supplies of preparations containing modern insecticides are provided free of charge. No compulsory cleansing was carried out under Section 54(3) of the Education Act, 1944 and no prosecutions were undertaken. The head teachers of all the schools have been very co-operative. It is a pleasure to record that in 3 schools no children were found affected ; one of them draws its children from an area where the housing is not of a very high standard.

Special Observations

I am sorry to have to record (for the first time for several years) a slight increase in the number found to have nits or vermin in the hair ; this is entirely due to an increase in the numbers found in one infants' school and a junior girls' school in the same area (an area which has always had much more than the city-average amount of trouble in this respect) ; the infants' school, where 1 in 5 of all the children were at some time affected during the year (as compared with just over 1 in 8 in 1957) caused some anxiety in this matter and close supervision was carried out there, involving a good deal of home visiting, to advise and offer help to the family.

The following table shews the detailed findings in the 3 schools in this area :—

	INFANTS		JUNIOR	JUNIOR
	Boys	Girls	Girls	Boys
No. of children on roll	160	163	275	256
No. found affected ONLY ONCE	16	15	28	8
No. found affected MORE THAN ONCE	11	23	9	3
No. of these also found AFFECTED IN 1957	5	10	15	4
No. found in 1958 with living lice	3	4	4	—

In 1957, in the infants school 23 girls and 17 boys were found affected ; in the junior girls' school there were 28 and in the junior boys (which happily shewed a reduction in 1958) there were 14.

One of the school nurses especially concerned has submitted the following report :—

“ We all know the hard core of families with verminous heads in the city. As we have no authority to compel adults of these families to be examined and treated, the children in these families even after cleansing never stay clean and are a constant risk to others.

‘ Lorexane ’ hair lotion (a preparation of gamma benzene hexachloride) has been a great help, and in my view, the greatest contribution made in recent years. There is little doubt that if ‘ Lorexane ’ were used conscientiously by all members of a family only once, they would stay clean.

The mothers of these families are indifferent to the children being infested and will not make the simple effort to treat the whole family. In 10 years of this work only 3 mothers have ever allowed me to look at their own hair.

Though verminous heads are still a great problem in this area of the city it must be remembered that the number of children with live vermin and needing exclusion each term has dropped considerably.

I believe only continuing to try to persuade the mother to co-operate voluntarily will ever produce any good results.

Bringing cases to court will not ensure that they remain clean and will make any co-operation far less likely afterwards.

Compulsory head examinations at factories employing young persons would certainly help a great deal. In one large family with several girls working two girls and one boy still attending school have had infested heads for well over 10 years ; the two girls who attend the same senior school have been encouraged by the head mistress to take a pride in themselves and are continually treating their own hair ; yet they are always getting reinfested, which suggests that the older working girls and/or the mother must be infested.

In many instances, where I have previously visited and advised the parent of children of 8 years of age or upwards, I have found the response better when I have told the child to ask her mother to attend to the child’s hair, rather than by repeatedly visiting myself. The mothers hate neighbours to see me calling about such matters and they are frequently upset lest the father should get to know.”

A health visitor who has covered the same area for some years, makes the point that there are two distinct groups—"those whose heads are frequently verminous but who are otherwise well cared for, with satisfactory clothing, and clean bodily, and the other group whose general care shews serious deficiencies all round—usually the members of so-called 'problem families.'"

In two instances, the mother's defective sight was held to be at least partly responsible, the provision of spectacles having apparently made a great difference. Although the health visitor sometimes offers to examine the mother's hair in these cases, the mother invariably refuses. This health visitor also remarks that only very few of the children are severely infested but, of course, even one or a few nits are counted as evidence of infestation.

In relation to the infant school mentioned above, weekly visiting at the school and repeated home visits have taken much time. Steel combs are provided *gratis* for the families in receipt of National Assistance; plastic combs are useless for this purpose.

The desirability of compulsory investigation and, if necessary, cleansing, of adults suspected as probable spreaders of lice infestation in peace time is a matter of opinion. On the whole I think the threat to liberty outweighs the medical and social advantages that it would give us. In wartime as during the 1939-45 war the risk of typhus and the destructive effects of scabies (the itch) on the war effort make such a control imperative. I think there would be advantage in allowing the school nurse, compulsory powers (subject to notice to the parents) immediately to apply an insecticide lotion, preferably scented, to the hair of school children found affected after an appropriate time interval allowed to the parent for cleansing.

**TABLE SHOWING INDIVIDUAL CASES OF UNCLEAN HEADS
FOUND IN 1958 BY AGE GROUPS.**

AGE (at 31.12.58)			HEADS FOUND UNCLEAN					
			TABLE A.				TABLE B. No. of Children in Table A. also found Unclean in 1957	
			ONCE ONLY		MORE THAN ONCE		Boys	Girls
			Boys	Girls	Boys	Girls		
Under 5 years	....		1	—	2	1	—	—
5	....		5	6	2	10	1	2
6	....		7	6	2	11	—	3
7	....		8	9	7	6	4	5
8	....		4	6	4	2	3	3
9	....		7	14	—	2	2	5
10	....		3	12	—	2	1	7
11	....		1	9	—	4	1	5
12	....		—	6	—	1	—	2
13	....		—	5	—	1	—	3
14	....		—	4	—	1	—	3
15	....		—	4	—	—	—	2
TOTAL			36	81	17	41	12	40

TOTAL 175 (1958) = 1.6% of all school children.

SCHOOL CLINICS

The location of the school clinics and the attendances were as follows :

	<i>Attendances</i>		
	1956	1957	1958
Central Clinic, 1A Southernhay West	2,107	1,577	1,141
Western Clinic, Buddle Lane Community Centre, Merrivale Rd., (closed 31.12.56)	1,211	—	—
Eastern Clinic, Burnthouse Lane Community Centre, Shakespeare Road	3,218	3,137	2,863
† Whipton Health Clinic	1,675	1,086	1,374
† Stoke Hill Clinic	2,743	2,691	1,597
TOTALS	10,954	8,491	6,975

† Owing to staff difficulties the Stoke Hill Clinic was 'manned' only 3 sessions a week from September. For the convenience of the children the clinic covering the Whipton area was moved from Whipton Health Clinic to Whipton Infants' School during the year; this is the only clinic where the number of attendances has increased.

The Central School Clinic is open every week-day (excluding public holidays) all the year round. The branch clinics are open every school-day during the terms; the total attendance again shews quite a large decrease over 1,500. Still, the clinics serve a useful purpose.

At the Central School Clinic, which "covers" virtually the whole city, the school doctors are available at fixed times for consultation with parents about children and their health: at all the clinics (except Stoke Hill) the doctors see the minor ailment cases on admission, from time to time, and for discharge. Examinations re physical fitness for employment (children) are carried out at all the clinics and examinations of students re fitness for training as teachers and examinations of employees for fitness to enter the City Council service and superannuation scheme are also made at the Central Clinic.

TABLE SHOWING THE INCIDENCE OF "MINOR AILMENTS" TREATED DURING 1958 IN CLINICS.

DEFECT	Central	Eastern	North- ern	Stoke Hill	GRAND TOTAL 1958	GRAND TOTAL 1957
Ringworm : Scalp	—	—	—	—	—	—
Body	2	—	1	—	3	3
Eye Defects	28	50	39	29	146	121
Ear Defects—(including wax, otorrhea, etc.)	86	68	30	12	196	205
Nose and Throat Defects	13	20	17	1	51	56
Impetigo	1	12	8	—	21	18
Warts : Plantar	21	22	19	—	62	59
Other	27	60	42	19	148	152
Other skin conditions	104	54	26	25	209	214
Minor Injuries	86	135	92	144	457	} 1,440
Miscellaneous	87	231	206	244	768	
Total No. of individual children	155	652	480	474	2,061	2,268
Total No. of attendances	1,141	2,863	1,384	1,597	6,985	8,191
Total No. of sessions	307	201	201	170	879	910

When a child has been treated at the one time for more than one defect the more important has been listed.

**TABLE SHEWING THE NUMBER OF HANDICAPPED
PUPILS IN SPECIAL SCHOOLS OR HOMES AS AT
31st JANUARY 1959.**

DISABILITY	Total No. of children classified as handi- capped as at 31-1-59	SPECIAL SCHOOL OR HOME	RESID.		NON RESID.		Total No. of children attending Special Schools or Homes	Total No. of children awaiting admission to Special Schools or Homes
			B.	G.	B.	G.		
BLIND	3	Sunshine Home, Ahhotskerswell	1	—	—	—	3	—
		Royal School of Industry for the Blind, Bristol	2	—	—	—		
PARTIALLY SIGHTED	10	West of England School for the Partially Sighted, Exeter	—	1	4	5	10	—
DEAF	2	Royal West of England School for the Deaf, Exeter	—	—	2	—	2	—
PARTIALLY DEAF	11	Royal West of England School for the Deaf, Exeter	3	4	3	1	11	—
PHYSICALLY HANDICAPPED	39	Heathercombe Brake School, Manaton	1	—	—	—	4	1
		Dame Hannah Rogers Sch. for Spastics, Ivy- bridge	1	—	—	—		
		Headlands Rise, Teign- mouth	—	1	—	—		
		St. Roses, Stroud	—	1	—	—		
EPILEPTIC	1	Chalfont Colony, Bucks	—	1	—	—	1	—
EDUCA- TIONALLY SUBNORMAL	220	St. Christopher's School, Bristol	1	—	—	—	20	69*
		Bradfield Special School, Devon	2	—	1	—		
		Bradstow School, Kent	—	1	—	—		
		St. Thomas More's School, Devon	1	—	—	—		
		Withycombe Hse. Special Sch., Exmouth, Devon	—	8	—	—		
		Kingsdon Manor Special School, Bristol	1	—	—	—		
		Heathercombe Brake School, Manaton	2	—	—	—		
		Pitt House, Chudleigh	3	—	—	—		
DELICATE	80		—	—	—	—	—	—
MALADJUSTED	115	Horncastle Sch., Sussex	1	—	—	—	7	1
		The Gables Hostel, Willand, Devon	1	2	—	—		
		Crichel Hostel, Devon	2	—	—	—		
		Royal Alexandra and Albert School, Surrey	—	1	—	—		
DEFECTIVE SPEECH	79		—	—	—	—	—	—
TOTAL	560		22	20	10	6	58	71

*All 69 children recommended admission to a Day Special School.

HANDICAPPED PUPILS

Educationally Sub-normal Pupils

During the year 57 children (31 boys and 26 girls) were examined by the school medical officers in regard to educational subnormality and mental development. Many of them had already been examined by the educational psychologist. The following recommendations were made :

RECOMMENDATION	Boys			Girls			TOTAL	REMARKS
	Inf.	Jnr.	Snr.	Inf.	Jnr.	Snr.		
SECTION 31 : Special education in an ordinary school.	2	4	1	3	7	—	17	8 (3 boys and 5 girls attend adjustment classes).
Education in a special day school.	—	1	1	—	3	—	5	Remained in own schools. (2—1 boy & 1 girl—attend adjustment class).
Education in a special residential school.	—	6	—	—	2	—	8	4 (2 boys & 2 girls) Placed in special schools; 1 boy attends as a day pupil.
SECTION 57 (3) : Permanently excluded from school.	3	—	—	1	—	—	4	One left the city, two were admitted to Starcross Hospital, 1 attended the occupation centre.
SECTION 57 (4) : Education in ordinary school inexpedient.	—	—	—	—	—	—	—	
SECTION 57 (5) : Notified to Health Services Committee for statutory supervision on leaving school.	—	—	2	—	—	3	5	All placed under statutory supervision.
Not considered to require statutory supervision on leaving school.	—	—	11	—	—	7	18	
	5	11	15	4	12	10	57	
	31			26				

Adjustment Classes

During the year an adjustment class was started at Whipton Barton Junior Mixed School and the class at John Stocker Junior Boys' School which was closed in 1955 owing to shortage of accommodation was re-started. We now have five adjustment teachers and ten schools with adjustment classes.

Mrs. E. D. F. Garvie, who succeeded Mrs. Eve Lewis in September as educational psychologist, takes a special interest in these classes.

Section 8 of the Education (Miscellaneous Provisions) Act, 1948 Cancellation of Reports

During 1958, 3 children (2 girls and 1 boy) previously classified as ineducable and attending the Health Committee's Occupation Centre were re-examined and the reports made under Section 57(3) of the Education Act, 1944, were cancelled in accordance with

Section 8 of the Education (Miscellaneous Provisions) Act, 1948. One of them (a girl aged 13 years) also suffering from severe cerebral palsy was admitted on trial to an independent residential special school for physically handicapped children.

The other 2 children (girl aged 8 years and boy aged 10 years) are attending ordinary schools in the city. It is not yet certain whether they will be able to manage or whether residential special schooling will be needed.

EPILEPTICS

There are 35 children—16 boys and 17 girls—who are known epileptics attending ordinary schools in the city; in addition, one girl aged 15 years is in a colony school and one boy aged 10 years is in a residential school for physically handicapped children as he is also a case of cerebral palsy. 4 new cases (1 boy and 3 girls) were reported during the year. Minimum restrictions are placed on the activities of all these children: high gymnastic work and swimming in school parties are however, barred.

Sex	Total	AGE				EPILEPSY			Has been in special school	Attending special school	Have had hospital investn.	Satisfactory medication
		5-7	7-11	11-15	Ov'r 15	Min'r	Maj'r	Both minor and major				
Boys	17	—	9	7	1	6	10	1	—	1	17	17
Girls	18	2	9	7	—	7	11	—	1	1	18	18

INTELLIGENCE QUOTIENT.					
			60-70	70-85	85 and over
			Apparently not retarded		
Boys	...	...	—	—	1
Girls	...	...	2	2	1

Medical Examination of Entrants to Courses of Training for Teaching and to the Teaching Profession — Ministry of Education Circular 249

In accordance with instructions contained in the above Circular, 32 students (10 women and 22 men) and 2 teachers (men) had complete medical examinations with radiographic examinations during the year in regard to their fitness for the teaching profession.

TUITION IN HOSPITALS

The Local Education Authority provides educational facilities in the two main general hospitals in the city. During 1958, 112 children received education whilst in-patients at these hospitals; of these, 30 were Exeter children, 80 Devon County children and

2 were residents of other areas. The total cost of this service for Exeter children for the financial year ended 31.3.58 was £192.

Exeter school children in hospital on 31st January, 1959

	Boys				Girls				TOTAL
	5-7	8-10	11-14	Over 15	5-7	8-10	11-14	Over 15	
Royal Devon and Exeter Hospital, Exeter. (General Hospital).	—	—	—	—	—	—	1	—	1
City Hospital, Heavitree Rd., Exeter. (General Hospital).	1	—	1	—	—	—	—	—	2
TOTAL ..	1	—	1	—	—	—	1	—	3

Additionally there are Hospital Special Schools in the Princess Elizabeth Orthopaedic Hospital and Angela Home staffed by Devon Education Committee (5 Exeter children attending) and also Honeylands Children's Sanatorium staffed by this authority (17 Exeter children).

HOME TUITION

During the year, 6 new cases and 5 cases continuing from last year received home tuition arranged by the authority under Section 56 of the Education Act, 1944.

New Cases :

bronchiectasis (1 boy) ;
chorea (1 boy) ;
acute rheumatism (1 boy) ;
acute rheumatism and mitral stenosis (1 girl) ;
rheumatic carditis (1 girl) ;
†acute nephritis (1 girl) ;

4 of these children were able to resume normal schooling after a period of home tuition, in 1 case (†) it was resumed again after a period at school.

Old Cases :

congenital hydrocephalus (1 boy) ;
multiple congenital defects (1 girl) ;
congenital heart disease (1 boy) ;
spina bifida (1 girl) ;
pulmonary tuberculosis (1 boy—resumed at ordinary school, April, 1958).

The total cost of this service for the financial year ended 31.3.58 was £582.

TRANSPORT

Transport for ambulant handicapped children attending schools in the city continued during 1958. It was provided for 8 new cases (5 girls and 3 boys) during the year and continued for 3 children (2 girls and 1 boy) from 1957 ; in all these 3 cases it was continued throughout the whole year—because of spastic paralysis.

PHYSICALLY HANDICAPPED CHILDREN.

There are 41 physically handicapped children known to the department : (there were 42 in 1957). Only 1 new case (5 year old girl suffering from the sequelae of poliomyelitis) was notified during the year. There was in addition one inward transfer (an 8 year old boy with cerebral palsy). During the year 1 boy with cerebral palsy was admitted to a special residential school. The age grouping, sex distribution, mode of education, ability to play games and take part in ordinary physical exercises of these handicapped children are set out in the table :—

HANDICAP	SEX		AGE GROUP				EDUCATION				Able to take P.T. and Games			
	Boys	Girls	Under School Age	Inf.	Jrs.	Snrs.	Under School Age	Not at School	In Special School	In Training College	Ordinary School	Home Tuition	Mod.	Nil.
1. Cerebral Palsy	7	3	—	1	6	3	—	1	4	—	5	—	3	7
2. Heart : Congenital	5	3	—	1	3	4	—	—	—	—	6	2	4	4
Rheumatic	1	1	—	—	1	1	—	—	—	—	2	—	—	2
3. T.B. Joints	—	4	—	—	1	3	—	—	—	—	4	—	3	1
4. Poliomyelitis Sequelae	—	4	—	1	1	2	—	—	—	—	4	—	2	2
5. Other Congenital Defects	5	3	—	2	4	2	—	—	—	—	7	1	6	2
6. Miscellaneous	3	2	—	2	3	—	—	1	1	—	3	—	1	4
TOTAL	21	20	—	7	19	15	—	2	5	—	31	3	19	22

CHILD GUIDANCE REPORT FOR 1958

(Report by Dr. H. S. Gaussen Psychiatrist-in-charge).

The 12th year of Child Guidance in Exeter opened last October, with the loss of one of the original team. Mrs. E. Lewis had retired in July. It was with deep regret that we had to accept her decision to devote herself to writing and research, but we were glad to know she is staying in Exeter, and that we will continue to have the benefits of her wisdom, as part-time psycho-therapist. In her place, as Educational Psychologist, we welcomed Mrs. E. Garvie, who has many years of experience behind her. Thus the Child Guidance team is complete and able to pool its knowledge for the benefit of the children.

The team approach to maladjusted children is not always understood nor its benefits appreciated. In the team, workers from different disciplines concert their efforts, and their information, about a given case, so that the widest possible view can be taken and treatment planned to the best effect. A team consists of a doctor, trained in child psychiatry, an educational psychologist and a psychiatric social worker, and sometimes a psychotherapist. When a new case is referred to the clinic, the psychiatric social worker investigates the social background of the child and his family. A history of the child's development and relationships is taken so that the problem can be seen in its setting. Next, the child is tested by the psychologist, to determine his ability, and whether he is using it or not. Contact thus made with the schools is a most important feature of child guidance—it enables the team to be in touch with teachers and the educational system. Often, it provides an essential background to the nature of the child's difficulties.

Finally, the psychiatrist interviews the child, usually in the playground with plenty of material and scope for making a good relationship. This examination is quite distinct from the examination of the child's physical condition by the school medical officer. As a rule, the mother, father, or both, are seen as well so that a complete family picture is built up.

Before a course of action is decided upon the members of the team meet together to discuss the case, each bringing his or her contribution to the sum total. It may be that urgent treatment is required, in which case its form and extent must be decided, or some environmental adjustment may have to be made, further investigations done, or some other agency brought in, perhaps the Paediatrician. In any case, the procedure is agreed and is based on the available evidence.

If the medical member of the team has to report to the Juvenile Court it is on the findings of the team as a whole. This opening up of the case is in itself extremely valuable and such a survey will clear up a tangled situation very considerably, so that later on it is often reported that the child has improved very greatly since coming for it. The parents' anxieties are relieved by the tests and the wide discussion of the difficulties. They are

able to take charge of their child again with full knowledge of where they stand.

It will be realized, I believe, that child guidance investigation and treatment is social medicine, and is preventive medicine. It is medical knowledge applied at the earliest stage of ill health, applied in childhood where neurosis, anti-social behaviour and mental illness have their beginnings.

CHILD GUIDANCE CENTRE— STATISTICAL RETURN FOR 1958

TABLE A

1.	Number of cases on the books on 31st December, 1957	135
2.	Number of cases awaiting investigation on 31st December, 1957	14
3.	Number of cases investigated but awaiting treatment on 31st December, 1957	33
4.	Number of new cases referred during 1958	99
	<i>Source of Reference :</i>	
	(a) Juvenile Court	—
	(b) School Medical Officers	34
	(c) Private Doctors	16
	(d) Head Teachers	18
	(e) Parents	7
	(f) Others	24
5.	Number of old cases re-opened during 1958	6
	In 3 cases parents requested help previously refused.	
	In 2 cases Headmasters reported difficulties at School.	
	1 child became delinquent in new foster home.	
6.	Number of new cases investigated during 1958	83
7.	Number of other cases investigated during 1958	3
	<i>Summary of Recommendations :</i>	
	Diagnosis and advice only needed	6
	Periodic survey and superficial treatment	42
	Residential placement advised	3
	Immediate long term treatment by Psychiatrist	6
	Immediate long term treatment by Psychologist	4
	Immediate long term treatment by Psycho-therapist	6
	Placed on treatment waiting list	19
8.	Number of cases treated for the first time during 1958	82
9.	Total number of children seen during 1958	209
10.	Total number of attendances during 1958	1,101
11.	Total number of cases discharged during the year	119
	<i>Reason for Discharge :</i>	
	(a) Treatment completed (see below)	66
	Satisfactory	41
	Improved	21
	No change	4
	Worse	—

(b) Unsuitable for treatment	....	....	....	—
(c) Defaulted	....	....	....	14
(d) Left city	....	....	....	13
(e) Other reasons	....	....	....	26
12. Number of cases remaining on the books on 31/12/58	....			115
13. Number of new cases awaiting investigation on 31/12/58				11
14. Number of new cases investigated but awaiting treatment on 31/12/58	....	....	....	17

N.B.—17 cases were closed after investigation or whilst awaiting treatment.
16 cases were closed before investigation was completed.
Pre-school children referred numbered 7.

TABLE B

Total number of sessions :

Psychiatrist	....	....	....	(4 per week)
Psychologist	....	....	....	(4 per week)
Psycho-therapist (as from 1.9.58)	....	....	....	(2 per week)
Psychiatric Social Worker	....	....	....	(full time)
Psychiatric Social Worker (as from 1.9.58)	....	....	....	(2 per week)

INTERVIEWS :

PSYCHIATRIC.

(i) Diagnostic	....	....	....	....	87
(ii) Parents and others	....	....	....	....	319
(iii) Remedial treatment	....	....	....	....	399
(iv) Home Visits	....	....	....	....	1
(v) Other Visits	....	....	....	....	9

PSYCHOLOGIST.

(i) Diagnostic and testing	....	....	....	....	79
(ii) Parents and others	....	....	....	....	177
(iii) Remedial treatment	....	....	....	....	286
(iv) Visits	....	....	....	....	15
(a) To school visits (re C.G. cases only)	....	....	....	....	26
(b) Home Visits	....	....	....	....	6
(c) Other Visits	....	....	....	....	1

It is customary for the Psychologist when visiting any school for educational purposes, to enquire briefly after all Child Guidance cases in the school.

PSYCHO-THERAPIST.

(i) Parents and others	....	....	....	18
(ii) Remedial treatment	....	....	....	89

PSYCHIATRIC SOCIAL WORKER.

(i) Therapeutic interviews at Centre				721
(ii) Remedial treatment	....	....	....	226
(iii) Visits	....	....	....	118
(a) School Visits	....	....	....	2
(b) First Visits to homes	....	....	....	62
(c) Subsequent Visits to homes	....	....	....	54
(iv) Other Visits	....	....	....	25
(v) Interviews with other Social Workers	....	....	....	36

PSYCHIATRIC SOCIAL WORKER (Part-time).

Therapeutic Interviews at Centre	55
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CHILDREN UNDER TREATMENT ON 31/12/58.

Regular treatment by Psychiatrist	12
Regular treatment by Psychologist	....	....	3
Regular treatment by Psycho-therapist	....	....	7
Regular treatment by Psychiatric Social Worker	....	....	4
Treatment waiting list	....	....	17
Superficial treatment by Psychiatrist	....	....	7
Superficial treatment by Psychologist	....	....	4
Superficial treatment by Psycho-therapist	....	....	—
Survey whilst residentially placed	....	....	—
Kept open, but no active treatment at present	..	..	50

Although it appears from the figures that no cases were referred by the Juvenile Court in Exeter, it is the practice of the probation officers to ask for reports on cases in which they are interested, and these cases are included among those referred by "Others." In this connection, children remanded in *custody* are examined in Remand Homes well away from the city, i.e. girls in Bristol and boys in Langport, Somerset.

The term "superficial therapy" refers to treatment given less frequently than once a month.

SPEECH THERAPY REPORT

(Report by Miss J. A. Jackson L.C.S.T.)

During the year 1958, 66 children were admitted for speech therapy; of these, 23 were pre-school children. Last year, 9 such children were admitted, whilst 5 only, were admitted during 1956.

Pre-school children

The increase this year would seem to show a growing awareness amongst parents, and those who work with children of the very real benefit to be obtained from speech therapy, when a child shows signs of speech difficulty, even though he is not yet of school age. Formerly a child, though found to have poor speech at an early age, did not reach the speech clinic until he went to school, the impression being that he would "grow out of it." He might, of course, but prevention is easier than cure, and the speech therapist is the best qualified person to judge whether he will or will not do this.

As the general procedure is for a new entrant to be left a term or two to settle down in school before the therapist sees him, the chances are he is not singled out for treatment until his speech is drawing attention to itself. This is the very thing, especially in the case of a stammer, we want to avoid. A nervous child with a potential defect can be spared much unhappiness, and his parents

much anxiety, by attending the clinic *before* he reaches school age, especially if he stammers or substitutes one sound for another.

I mention pre-school children particularly this year, because I have become increasingly aware of the number of them now attending who have no-one to play with. They come from different parts of the city such as Burnt House Lane, Countess Wear and Whipton, where one would expect to find many young children. Two cases come to mind, both boys, four years old and with retarded speech. Neither child has anyone he can play with. One has a baby sister, and both have an older sister at school. One child has practically no speech, and will not leave his mother's side. The other has a severe dyslalia which only his mother really understands and this, because he is constantly with her. Because he has no-one to play with, this child expects his sister to play with him when she is at home. When she will not, he promptly has a temper tantrum as a result, which is causing his parents a great deal of anxiety.

A speech defective child, with no previous experience of playmates will be handicapped indeed at five years when he has to adjust himself to school life. At present, the only speech with play these children have, outside the home, is at the speech clinic, and this, only once a week. This is a very sad outlook for an only child, or one who comes from a home where there is a poor environment for speech, and there are numbers of these families in Exeter. The lack of playmates for young children presents a real problem.

Group Treatment

It has been well said, "group treatment is not just a device to solve the problem of numbers, but supplies a very valuable therapeutic experience in certain cases at certain stages." Last year I reported that group treatment had been commenced for a number of pairs of dyslalic and stammering children. This has continued during the year with excellent results. A speech defective child is, on the whole, not good at working with other children, and group treatment helps to overcome this. Pairs of infants, junior and senior children have been treated in this way. A number of pre-school children have also been seen in groups. Children may be in groups of 2, 3 or 4 not necessarily from school, nor suffering from the same defect, nor at the same stage of treatment, but I never include 2 dull children in the same group.

In the latter part of the year, four children receiving treatment for speech were also under the care of the Child Guidance team. Two of these a pre-school girl with seemingly retarded speech (a dull echolalic child), and a junior boy at first thought to have stammer (by C.G.C.) with lack of confidence, have since been discharged as not requiring speech therapy, although they remain on the list for child guidance. An infant boy with dyslalia who was not making progress, was temporarily discharged from speech therapy to have child guidance. The fourth, a junior boy (dyslalic) continues to have treatment for speech and child guidance.

Speech Recording

Tape-recording sessions have continued at the Child Guidance Centre. I have a recorder at the static headquarters of the speech therapy work (Pilton House) and an easily portable tape recorder makes recordings possible at any of the five clinics, and each clinic is therefore in effect self-sufficient.

General

I visited the Dame Hannah Rogers School for Spastics at Ivybridge where speech therapy plays an important part. The visit proved to be most worthwhile. When children have reached the stage of normal speech I use a system of "temporary discharge" for 6 months with review at the end of that time for final discharge if still satisfactory; this gives a reasonable probability that the apparent cure will be well-maintained. I visit most of the schools and I find a good many cases are referred (quite rightly) from the Whipton area which is where the main housing expansion is taking place.

Analysis of the cases treated during the year and their progress:

DEFECT	Having treatment 1.1.58	Admitted	Waiting List at 1.1.58	Total No. Treated	DISCHARGED		STILL ON LIST				Remain- ing under care 31-12-58	Waiting List at 31.12.58
					Cured	Left before treatment complete	Under observation	Regular Attendance	Improved	No change		
Stammering	25	13	8	38	25	1	5	7	11	1	12	2
Simple Dyslalia	*7	12	19	19	16	—	2	1	3	—	3	7
Multiple Dyslalia	26	18	14	44	27	—	6	11	17	—	17	9
General Dyslalia	12	21	3	33	12	2	7	12	14	5	19	—
Language Defects	1	—	—	1	—	—	—	1	1	—	1	—
Dysarthria	2	2	1	4	—	—	1	3	3	1	4	—
Dysphonia	1	—	—	1	—	1	—	—	—	—	—	—
Cleft Palate	5	—	—	5	1	1	2	1	3	—	3	—
Hyper-rhinophonia	2	—	—	2	—	—	1	1	—	2	2	—
Lip Reading	1	—	—	1	1	—	—	—	—	—	—	—
TOTALS	82	66	45	148	82	5	24	37	52	9	61	18

* One child re-referred after previous treatment and discharge.

Analysis of the cases treated during the year (Grouped by age, sex and defect).

DEFECT	Total treat- ed.	PRE-SCHOOL		INFANTS		JUNIOR		SENIOR		Severely handicapped children not at school	
		Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Stammering	38	2	—	2	—	13	4	15	2	—	—
Simple Dyslalia	19	—	—	6	4	5	4	—	—	—	—
Multiple Dyslalia	44	3	—	20	9	11	—	—	1	—	—
General Dyslalia	33	10	4	12	2	4	—	—	—	1	—
Language Defects	1	—	—	—	—	—	1	—	—	—	—
Dysarthria	4	2	—	1	—	—	—	1	—	—	—
Dysphonia	1	—	—	—	—	—	—	—	1	—	—
Cleft Palate	5	1	—	—	1	1	1	—	1	—	—
Hyper-rhinophonia	2	—	1	—	—	1	—	—	—	—	—
Lip Reading	1	—	—	—	—	—	1	—	—	—	—
TOTALS	148	18	5	41	16	35	11	16	5	1	—

INFECTIOUS DISEASES

**Incidence of certain Infectious Diseases other than Tuberculosis in
1958 in children (Exeter Residents) 5-15 years of age.**

(Corrected for change of diagnosis).

DISEASE	Boys	Girls
Scarlet Fever....	16	13
Whooping Cough	5	9
Measles	426	414
Pneumonia	2	1
*Gastro-enteritis	1	1
Dysentery	2	—
Food Poisoning	2	3
Poliomyelitis (Paralytic)	—	—
(Non-Paralytic)	—	—
Meningococcal Infection	—	—
Diphtheria	—	—
Erysipelas	—	—

*Not notifiable : cases are known to the department by informal notification.

SCABIES

YEARLY INCIDENCE OF SCABIES, 1951 - 1958.

Year.	Families.	Cases.	School Population.
1958	1	2	11,084
1957	—	—	10,700
1956	1	2	10,515
1955	4	8	10,306
1954	—	—	9,986
1953	1	2	9,682
1952	4	6	9,272
1951	4	13	8,930

TUBERCULOSIS

**School Children (5-15 years of age) suffering from Tuberculosis
whether in Maintained or Independent Schools.**

On Register as at 1st January, 1958.

	Pulmon-ary		Bones & Joints		Cervical Glands		Meninges		Others		Total	
	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.
Children attending main- tained primary and sec- ondary schools	41	14	—	5	3	3	—	—	2	1	46	23
Children attending Honey- lands special school	—	—	—	—	—	—	—	—	—	—	—	—
Attending independent schools	1	1	—	—	—	—	—	—	—	1	1	2
Children in Hospital	1	1	—	—	—	—	1	—	—	—	2	1
TOTALS	43	16	—	5	3	3	1	—	2	2	49	26

Changes during 1958

	Pulmonary		Bones & Joints		Cervical Glands		Meninges		Others		Total	
	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.
New notifications during 1958	—	3	—	—	—	—	—	—	—	1	—	4
Inward transfer	—	—	—	—	—	—	—	—	—	—	—	—
Notified children reaching school age during the year	—	1	—	—	—	—	—	—	—	—	—	1
TOTALS	—	4	—	—	—	—	—	—	—	1	—	5
Cases leaving school during the year	5	1	—	—	—	—	—	—	—	—	5	1
Outward transfer	—	—	—	1	—	—	—	—	—	—	—	1
Cases removed from register	3	1	—	—	—	1	—	—	2	1	5	3
TOTALS	8	2	—	1	—	1	—	—	2	1	10	5

On Register at 31st December, 1958.

	Pulmonary		Bones & Joints		Cervical Glands		Meninges		Others		Total	
	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.
Children attending maintained primary and secondary schools	35	17	—	4	3	2	1	—	—	1	39	24
Exeter children attending Honeylands Special Sch.	—	1	—	—	—	—	—	—	—	—	—	1
Attending independent schools	—	—	—	—	—	—	—	—	—	1	—	1
Children in Hospital	—	—	—	—	—	—	—	—	—	—	—	—
TOTALS	35	18	—	4	3	2	1	—	—	2	39	26

I am indebted to Dr. R. P. Boyd, Chest Physician, for the following notes on notifications and contact tracing :

New Notifications—Respiratory

It is very pleasing to be able to report a very substantial decrease in the number of school children diagnosed during the year ; there have been three new notifications only during the year compared with 10 in 1957. Two of the new cases occurred in families where there had been a known active case of pulmonary tuberculosis in the household, and were discovered during routine contact examinations. Both children were admitted for treatment. The third case was that of a child whose x-ray showed a definite opacity in the right lung. She was admitted for observation and the opacity cleared in due course, while her tuberculin tests repeatedly remained negative. Her name, was, therefore, removed from the tuberculosis register as " mistaken diagnosis."

Non-Respiratory

The decline in new non-respiratory cases which was noted last year has continued and only one new notification was made during the year. This was of a child diagnosed as suffering from tuberculous peritonitis while a hospital in-patient, but further investigations revealed that the illness was in fact of pyogenic origin, the positive tuberculin test having followed a B.C.G. vaccination at school. Her name was also removed from the

tuberculosis register as "mistaken diagnosis"; so for the first time we have had a complete year in which no new proven cases of non-respiratory tuberculosis were found.

Deaths

There were no deaths of school children from tuberculosis during the year.

Contact Tracing, etc.

It was not found necessary to conduct any special surveys in schools. The two new cases arising during the year were both known contacts of sputum positive patients in their homes, and they were not themselves found to be infectious.

During the year the tuberculosis health visitor continued her visits to the homes of children who were found to have a strongly positive tuberculin test at school when tested by the school medical officers during the annual B.C.G. programme for 13 year olds. These visits are very time-consuming and not always fruitful. In all cases the parents and family are offered x-ray examination, either at the Chest Clinic or by Mass Radiography. We feel that these follow-up visits are very important, however, and can be the means of bringing to light unsuspected cases of pulmonary tuberculosis in the household. This has not been the case this year, but one newly diagnosed adult who came to the Chest Clinic during the year was known to be the father of a child who was strongly tuberculin positive last year, but unfortunately he did not keep the x-ray appointment offered him at the time.

Mass Miniature Radiography

During 1958, 875 children (424 boys and 451 girls) were known to us as having attended for mass miniature radiography (all of them, born in 1945 and X-rayed under our B.C.G. programme).

1958 B.C.G. Vaccination Programme

The B.C.G. vaccination programme was again carried out on similar lines as in previous years, viz.: mass miniature radiography, tuberculin testing and where necessary B.C.G. vaccination of the children born in 1945; no complications were experienced. 8.5% of all the children in this group were tuberculin positive and presumably therefore 91.5% had not at any time been infected by the tubercle bacillus. Tuberculin testing of the children who were given B.C.G. vaccination in 1957 was also continued. The tables set out the details.

In view of the considerable experience now gained of the satisfactory effects of B.C.G. vaccination in securing the conversion of the negative tuberculin reactor to a positive reaction we decided to discontinue the immediate post-vaccinal tuberculin test and all the subsequent annual tests, with the exception of that about a year after the vaccination.

Parental Response

The response from the parents continues to be very satisfactory—976 (80%) consenting.

TABLE A.
SUMMARY OF SURVEY OF TUBERCULOSIS ON CHILDREN BORN DURING 1945 ATTENDING EXETER SCHOOLS.
Using Heaf's Multiple Puncture Apparatus and P.P.D. Tuberculin or Mantoux Test and P.P.D. Tuberculin.

SCHOOLS		No. of Consent Forms sent out	No. accepted ALL the tests	Referred to Chest Physician	Absent for Test	Actual No. given diagnostic Tuber. Test	Result of Tuberculin Test		B.C.G. Vaccination		Immediate result of B.C.G. vaccination*			Ulcers		M.M.R. X-Ray		
							Positive	Negative	Inoc.	Absent	Satis.	Not Satis.	Absent	Over 10 mms.	Satis.	Not Satis.	Absent	Obs.
L.E.A. :	Girls	451	344 (76%)	11	4	329 (96%)	21 (6.4%)	308 (93.6%)	303	5	294	1	8	—	315	—	15	—
	Boys	463	384 (83%)	12	5	367 (95%)	32 (8.7%)	335 (91.3%)	335	—	324	—	11	—	339	—	30	2
TOTAL L.E.A. SCHOOL CHILDREN		914	728 (80%)	23	9	696 (96%)	53 (7.6%)	643 (92.4%)	638	5	618	1	19	—	654	—	45	2
INDEPENDENT :	Girls	193	154 (80%)	4	3	147 (95%)	16 (10.9%)	131 (89.1%)	131	—	128	—	3	—	136	—	14	—
	Boys	116	94 (81%)	2	3	89 (95%)	10 (11.2%)	79 (88.8%)	79	—	77	—	2	—	83	—	6	—
TOTAL INDEPENDENT SCHOOL CHILDREN		309	248 (80%)	6	6	236 (95%)	26 (11%)	210 (89%)	210	—	205	—	5	—	219	—	20	—
GRAND TOTAL, 1958		1,223	976 (80%)	29	15	932 (95%)	79 (8.5%)	853 (91.5%)	848	5	823	1	24	—	873	—	65	2
GRAND TOTAL, 1957		1,371	1,101 (80%)	16	56	1,029 (93%)	133 (13%)	896 (87%)	891	5	Post Vaccination Tuberculin Test			—	860	—	231	3
											Positive	Negative	Absent					
GRAND TOTAL, 1956		1,167	912 (78%)	33	28	851 (93%)	158 (19%)	693 (81%)	684	9	664	1	19	1 (0.1%)	842	2	18	—
GRAND TOTAL, 1955		1,091	866 (79%)	23	25	818 (94%)	94 (11%)	724 (89%)	722	2	697	—	25	3 (0.4%)	801	1	41	—
GRAND TOTAL, 1954		1,034	917 (89%)	36	19	862 (94%)	153 (18%)	709 (82%)	701	8	682	1	18	2 (0.3%)	844	6	15	—

*In 1958 immediate post vaccinal tuberculin testing was not carried out : normal ulceration and scarring being regarded as evidence of a satisfactory result which is then recorded.

TABLE B.

**SUMMARY OF TUBERCULOSIS SURVEY OF THOSE CHILDREN (BORN 1944) WHO
WERE GIVEN B.C.G. VACCINATION IN 1957.**

Using Hear's Multiple Puncture Apparatus and P.P.D. Tuberculin or
Mantoux Test and P.P.D. Tuberculin.

SCHOOLS	Given B.C.G. in 1957	1958 Accepted Re-Test	Absent for Test	Actually Tested	Tuberculin Test	
					Positive	Negative
L.E.A. :						
Girls ...	302	265 (88%)	9	256	209	47
Boys ...	374	335 (90%)	5	330	318	12
TOTAL L.E.A.	676	600 (89%)	14	586	527	59
INDEPENDENT :						
Girls ...	126	117 (93%)	2	115	104	11
Boys ...	89	74 (83%)	4	70	69	1
TOTAL INDEPENDENT	215	191 (89%)	6	185	173	12
GRAND TOTAL, 1958	891	791 (89%)	20	771	700 (91%)	71

VACCINATION AGAINST SMALLPOX.
VACCINATION STATE AS OBSERVED DURING COMPLETE
EXAMINATIONS IN 1958.

<i>Year of Birth</i>	<i>Vaccinated</i>	<i>Not Vaccinated</i>	<i>Not Known</i>	<i>Total</i>
1954 and under	17	18	4	39
1953	330	217	59	606
1952	180	114	64	358
1951	15	9	5	29
1950	243	158	22	423
1949	172	166	21	359
1948	21	19	9	49
1947	258	97	32	387
1946	322	163	59	544
1945	131	89	9	229
1944	168	92	20	280
1943 and earlier	459	243	91	793
GRAND TOTAL	2,316	1,385	395	4,096

52% of all school children examined by complete medical examinations during the year were found to have been vaccinated ; 3% less than last year. Only when a satisfactory scar was observed was the child recorded as vaccinated.

POLIOMYELITIS VACCINATION

For administrative convenience, this work was and is carried out through the School Health Department. The whole campaign was treated as of the highest priority.

A great deal of time and effort has been put into the work by all concerned, and every way of getting in touch with those eligible for vaccination was explored, to ensure a good response. The head teachers in respect of school children, the health visitors in regard to the under fives, and the midwives in regard to expectant mother were useful contacts and also gave valuable help. An approach was made to the University, to St. Lukes College, to the Central Technical College, to all firms employing large numbers of young persons, to parent/teacher associations and the secretaries of the women's voluntary organisations. All responded and offered their help and every employer co-operated wholeheartedly ; in many cases it was found possible to give the vaccinations at the place of work.

For the age group 15-25 years which the Ministry included within the scheme during the latter part of 1958, special evening clinics were held throughout the city ; fortunately, empty shop premises in the centre of the city owned by the City Council were available and were used as a vaccination centre ; these proved invaluable both for their purpose and as an advertising medium. B.B.C. announcements, press advertising, posters, and a public address system were all used. Parents, of course, were asked throughout the period concerned, to encourage their children to take advantage of the opportunities available. Almost all the

family doctors in the city took part in the scheme and they contributed greatly to the success which has been achieved.

Though I would like to see a 100% result in all groups, the overall response, can, I feel, be regarded as satisfactory; by the end of December 15,000 (81% of the possible) children over 6 months and under 15 years of age had registered and of these, 14,699 had had two injections and 7,735 had had their third or 'booster' dose (which had been made available from September onwards); 624 expectant mothers (52% of those eligible) had had two injections and 5 had had their third; in the 'young persons' aged 15-25 years the response, despite all the efforts made, was as, indeed I fully expected, not nearly so good and only 3,417 (35%) had had two injections, a further 393 having been given one injection. But this compares most favourably with the National figures which I understand were about 6%. It should be borne in mind however that this group did not become eligible for vaccination until late in the year (September); by the end of February, 1959, the response had improved, 4,347 (43%) having had both injections; a few but not many of these were not Exeter residents.

There was a tremendous increase in the quantity of poliomyelitis vaccine received during 1958; no difficulty was experienced apart from the problems caused by the shortage of single units; this made the organisation of sessions by private doctors difficult, when the absolute necessity to avoid wastage was so important. The public accepted Salk vaccine gratefully.

The following tables give full details of the vaccinations state in regard to the children in the city as at 31st December, 1958 :—

(1) <i>No. of registrations received :</i>	<i>No. eligible (estimated)</i>	<i>No. of registrations received</i>	<i>Percentage</i>
Children born 1943—1946	5,600	4,512	(81%)
Children born 1947—1954	9,260	7,810	(84%)
Children born 1955	1,090	899	(82%)
Children born 1956	1,080	867	(80%)
Children born 1957	1,050	758	(72%)
Children born 1.1.58 to 30.6.58	500	154	(31%)
	18,580	*15,000	(81%)

*Additionally, we have 466 registrations for children who have failed to keep at least 3 appointments or have left the district.

(2) *No. of children vaccinated :*

Given both injections : †14,699 (98% of registered children).

Given third injection : 7,735 (53% of registered children).

†(includes 4,585 vaccinated in 1956 and 1957)

DIPHTHERIA IMMUNISATION IN SCHOOLS

Owing to the poliomyelitis vaccination campaign, which imposed great strain on the staff position, and also made for great difficulties in spacing differing immunisation doses, the

diphtheria (booster) immunisation in the schools was considerably reduced. During 1958 only 125 children were so treated in school, subject to parental consent at the time.

AGE GROUPS								
5-7 years		8-10 years		11 years and over		Total		Grand Total
Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	
6	7	1	1	45	65	52	72	125

SCHOOL MEALS AND MILK REPORT, 1958

I am indebted to the Director of Education and the School Meals Organiser for this information :—

The percentages of children taking milk and meals have remained fairly constant, at about 90 and 31 respectively, throughout the year.

The statistical return required by the Ministry of Education, shown below, indicates the number of children taking milk and meals on the selected date.

DATE	MILK		MEALS		
	Number of Children taking Milk	Percentage	Number of children taking Paid Meals	Number of children taking Free Meals	Percentage
2.10.58	9,311	89.7	2,912	382	31.7

(In Autumn, 1957, the national percentage of children taking milk was 83.8 and taking meals was 46.1) ; the corresponding figures for the English County Boroughs were 85.0 and 36.6.

During the major holidays, meals were provided for necessitous children at three centres, Bradley Rowe School, Montgomery School and Whipton Infants' School. Attendances were as shewn below :

HOLIDAY	Number on register for free meals	Average daily attendance	Percentage of attendance of those eligible
Easter	477	214	44.9
Summer	406	154	37.9
Christmas	444	159	35.8

The charge for meals was 1/-, the same as last year. Part-payment meals (6d.) and free meals were granted, according to parental income.

Every day about 400 children were supplied with meals free and about 120 children per day with meals at part-payment.

Self contained canteens were operated at 11 schools as detailed in my report for 1957.

All the other 27 schools were served by the Montgomery Area Kitchen or the Ladysmith Area Kitchen. As previously, meals were supplied to the Technical College, the College of Art Printing Department and to the Local Health Authority's Day Nursery and Occupation Centre.

In the preparation of meals, the aim has been to provide a sound diet for a growing child.

Typical Menus showing the Nutritive Value

<i>Menu</i>	<i>Protein from Meat or Meat Substitute</i>	<i>Total 1st Class Protein</i>	<i>Fat</i>	<i>Calories</i>
Ministry of Education recommended target	10 grms. approx.	20 grms.	25 to 30 grms.	650 to 1,000
Minced Meat Flan, Carrots, Potatoes Harlequin Mould	9.8	18.2	31.5	889
Roast Lamb, Mint Sauce, Cabbage, Baked Potatoes Apricot Tart, Custard	13.8	20.2	24.9	714
Grilled Cod Fillets, Peas, Parsley Sauce, Mashed Potatoes Sultana Roll, Custard	14.1	23.3	29.4	986
Stewed Steak and Onions, Root Vegetables, Potatoes Apple Crumble, Custard	10.54	16.07	28.09	811
Steak and Kidney Pie, Carrots, Potatoes Choc. Mould, Mock Cream	12.3	17	29.9	697

HOSPITAL REPORTS

During 1958, 442 reports were received from the local hospital consultants, (365 from the Royal Devon & Exeter Hospital, 61 from the Princess Elizabeth Orthopaedic Hospital and 16 from the City Hospital) about children referred to them through the school medical officers or direct by the child's own doctor. This information is much appreciated and we are particularly indebted in this matter to the consultant paediatrician (Dr. F. S. W. Brimblecombe) who helps us in so many ways and also the many other consultants concerned.

DEATHS

Three Exeter school children (2 in the age group 5-14 years) died in 1958 ; in the previous year there were also 3 deaths ; the rate for the country as a whole was (in 1957) 0.39 per thousand in the 5-14 year age group.

The causes of death were :—

Accidental (1)—Drowned in the river Exe—boy aged 9 years.

Acute Myeloid Leukaemia (1)—(malignant disease of the blood)—boy aged 15½ years.

Malignant growth in brain (1)—boy aged 8 years.

ACCIDENTS TO SCHOOL CHILDREN

During 1958, a record was kept of all children reported by the head teachers to have been absent from school owing to an accident. It is the routine practice of the heads to report all accidents in school or during school activities, and it may be assumed that the list is fairly comprehensive in respect of this. The following table sets out the details in respect of the 184 children concerned :—

ACCIDENTS, 1958

NATURE OF ACCIDENT	INFANTS		JUNIORS		SENIORS		TOTAL		GRAND TOTAL 1958	GRAND TOTAL 1957
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls		
Fractures	10	6	13	4	11	3	34	13	47	46
Sprains	2	—	3	5	4	4	9	9	18	8
Burns	—	1	—	—	2	—	2	1	3	3
Cuts	7	5	20	6	22	8	49	19	68	31
Eye Injuries	—	—	—	1	2	2	2	3	5	6
Other Injuries	2	6	10	6	10	9	22	21	43	41
GRAND TOTAL	21	18	46	22	51	26	118	66	184	135
	39		68		77		184			

NATURE OF ACCIDENT	Hospital Treatment	School Accidents	Road Accidents	Home Accidents	Other	GRAND TOTAL 1958	GRAND TOTAL 1957
Fractures ...	47	37	5	2	3	47	46
Sprains ...	4	17	—	1	—	18	8
Burns ...	2	3	—	—	—	3	3
Cuts ...	44	58	6	4	—	68	31
Eye Injuries	3	2	2	—	1	5	6
Other Injuries	12	33	5	3	2	43	41
GRAND TOTAL	112	150	18	10	6	184	135
		184					

Accidents in Schools

A further 'breakdown' from the above table shows that 150 of the accidents occurred in school or during school activities. In 99 (63%) of these, the accident occurred to a boy.

These 150 accidents occurred (a) in the playground (other than organised games or physical training) 33 ; (b) during physical training (in gymnasium or playground) 36 ; (c) in playing field (including cross country runs) 20 ; and (d) in school premises (other than above) 59 ; (e) at swimming baths 2.

The accidents during physical training occurred as follows :—

during free exercises—16, during exercises with apparatus—10, during organised games—9, others—1.

On the playing fields the games involved were :—

netball—4, football—5, cricket—2, athletics—7, other—2.

Of the two accidents at the swimming baths one resulted from a boy slipping on the side of the bath and the other from a boy hitting the foot of the bath during a dive.

Nature of Accidents

Falls (from height or on level) 93, collision (with other child or with object)—34, hit by flying object—10, cut with sharp instrument—4, crush (in door, etc.)—5, others—4.

Among the "others" was a case of poisoning resulting from the swallowing of a firework from a cracker during a school party, one case of a bead inserted in the ear and two accidents (chemical burns) in chemical laboratories. The first of these was a burn with sulphuric acid and the second a burn from a mixture of sodium nitrite, sulphur and charcoal catching fire.

Injuries Sustained

Wounds—58 ; fractures—37 ; sprains—17 ; bruising—23 ; head injury—7 ; burn or scald—3 ; eye injury—2 ; broken teeth—3.

None of the injuries would be described as severe and several were in fact trivial though most could be said to be of moderate severity. There was one fractured femur which involved hospital stay but the others were treated in school by simple first aid, as out-patients at the Royal Devon and Exeter Hospital or by their own doctors. The head injuries were all of a minor type and in no case was there any loss of consciousness.

JUVENILE COURT

During 1958, 133 children (111 boys and 22 girls) attending schools under the Exeter Education Committee appeared before the Juvenile Court. Of these, 10 children (9 boys and 1 girl) were sent to Approved Schools. The table below sets out the sex, age group and offences committed.

Juvenile Court Cases

OFFENCE COMMITTED	Boys					Girls				
	AGE GROUP				Total	AGE GROUP				Total
	5-7	8-10	11-14	Over 14		5-7	8-10	11-14	Over 14	
Larceny	—	10	41	8	59	—	—	9	1	10
Breaking and Entering	—	5	12	1	18	—	—	—	—	—
Wilful Damage	—	1	3	1	5	—	—	—	—	—
Cycle	—	2	5	3	10	—	—	4	—	4
Receiving Stolen Property	—	—	4	—	4	—	—	—	—	—
Truancing and Beyond Control	—	—	1	—	1	1	—	—	—	1
Being in need of care and protection	—	—	—	—	—	—	2	2	1	5
Indecent Assault	—	—	4	—	4	—	—	—	—	—
Miscellaneous	—	—	7	3	10	—	2	—	—	2
TOTAL	—	18	77	16	111	1	4	15	2	22

During 1958 7 boys and 1 girl appeared more than once before the Juvenile Court for the same offence ; 7 boys and 1 girl appeared more than once but for different offences and 1 boy appeared three times—twice for the same type of offence.

Approved Schools

During 1958, 10 children (9 boys and 1 girl) were sent by the Court to approved schools ; they were all aged between 11 and 15 years. In 1957, 12 children (all boys) were sent to approved schools.

As last year, social problems were manifest in most cases.

The classified offences were :—

Larceny	7
Housebreaking and Larceny	1
Breaking and Entering	1
In need of care and protection—(girl)	1

- (a) 4 were known to be maladjusted.
- (b) 1 was known to be educationally subnormal.
- (c) 2 were known to be delicate.
- (d) 1 was adopted.
- (e) 3 had lost a parent—2 by death, 1 by divorce—1 now has a step-parent.
- (f) 4 were regarded as coming from homes below average.
- (g) In one family previous court convictions had been found.
- (h) In one instance the mother worked outside the home.
- (i) In all cases except one the children came from the large families of 4 or more children.

CHILDREN'S ABSENCES FROM SCHOOL OWING TO ILLNESS

Owing to a re-organisation in the recording procedure in the school attendance section the detailed information previously supplied—and which formed the basis of previous accounts under this heading in my annual report, ceased to be available from the end of the summer term (July, 1958). The graph, however, shew the school absences of children attending the city schools during the 5½ years (1953-1958) the statistics were compiled.

The figures themselves except for the past year, January to July, 1958, with the breakdown of causes have been given in previous reports and are not repeated here.

It is necessary to be clear as to what the graph purports to shew. It shews the number of children recorded on Friday afternoons, as having been absent from school owing to illness *for the greater part of the week* by the head teachers week by week ; at the end of term, the last afternoon counts as the Friday for that week. Medical certificates are not normally obtained or required and the cause of the absence is taken as that stated by the parents to the teachers and school enquiry officers. Thus, a child absent on Monday, Tuesday and Wednesday would be included as absent for that week although back at school on Thursday and Friday : whereas another child in school until Thursday but absent on Friday would not be recorded as absent for that week. Some children, therefore, absent owing to long illness, are included week by week ; other children absent only for an odd day or so are not included. As I have stated in my previous reports, though I consider the graph valuable, it has its limitations as an expression of illness absences : THE FIGURES SHEW TRENDS RATHER THAN A PRECISE STATEMENT OF THE AMOUNT OF ILLNESS AT ANY TIME. It is fair to say, (though it has not perhaps been clearly and accurately stated), that the figures have been obtained in the same way each year since we began collecting them. They certainly give a good indication of the absence level week by week ; it is a rough and ready guide.

The lowest figure recorded was 164 on reassembly after the summer holiday in 1953, the highest was 2,940 in the autumn term in 1957, during the Asian Influenza epidemic. The peaks have been characteristically in the spring term when 1,000 absences have been reached in 5 out of the 6 years discussed, although the autumn peaks in 1954 and 1957 were much higher, both attributed to influenza as indeed were the majority of the spring peaks.

The other major influences appear to be coughs and colds, biliousness and sore throats in that order. It is interesting to note that after the school holidays *without exception*, the absences declined substantially from the level at the previous term end ; is it due to the rest after a tiring term ? or is it that on return to school fresh exposure causes re-infections ?—especially by “ colds ” (immunity to colds is clearly evanescent if it exists at all) : of course, family circumstances and the state of the weather may all have some bearing on the absence rate even when it is ostensibly due to sickness, and so described.

EMPLOYMENT OF SCHOOL CHILDREN

During the year 202 children (160 boys and 42 girls) were granted licences for part-time employment after being medically examined in accordance with the Authority's Bye-laws. 81 children (72 boys and 9 girls) were also re-examined after working between 3 and 6 months. No evidence of any ill effect was observed.

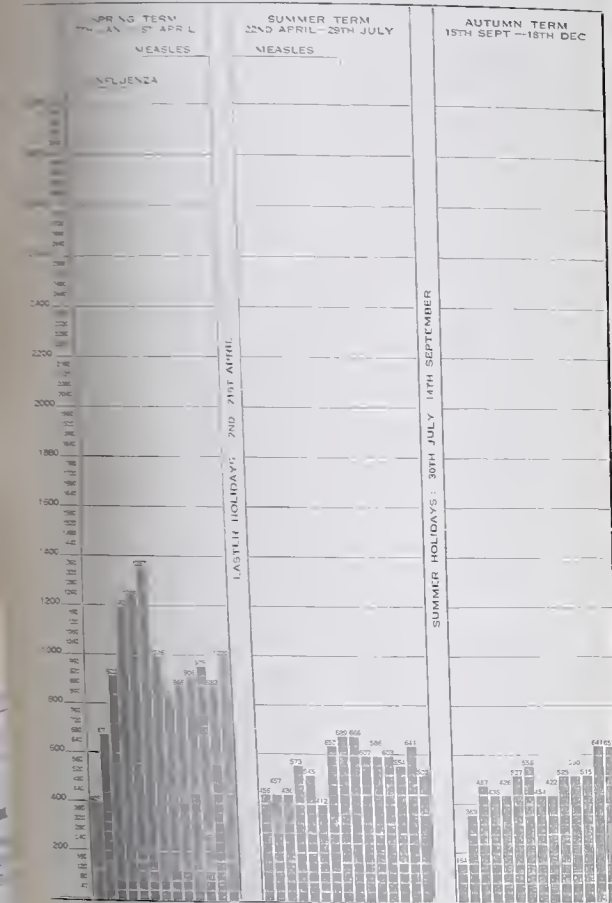
The relevant Bye-laws remained unchanged and were detailed in my 1954 report. The Director of Education's department is responsible for ensuring that no children are employed without licences and that the terms of the licences are observed.

TYPE OF EMPLOYMENT (New Cases)				Boys	Girls
Delivery of newspapers	....	....	....	124	21
Delivery of groceries	....	....	....	11	—
Delivery of meat	....	....	....	9	—
Delivery of milk	....	....	....	3	—
Shop assistants (mostly at multiple stores)	....			—	9
Miscellaneous	....	....	....	13	12
TOTAL				160	42

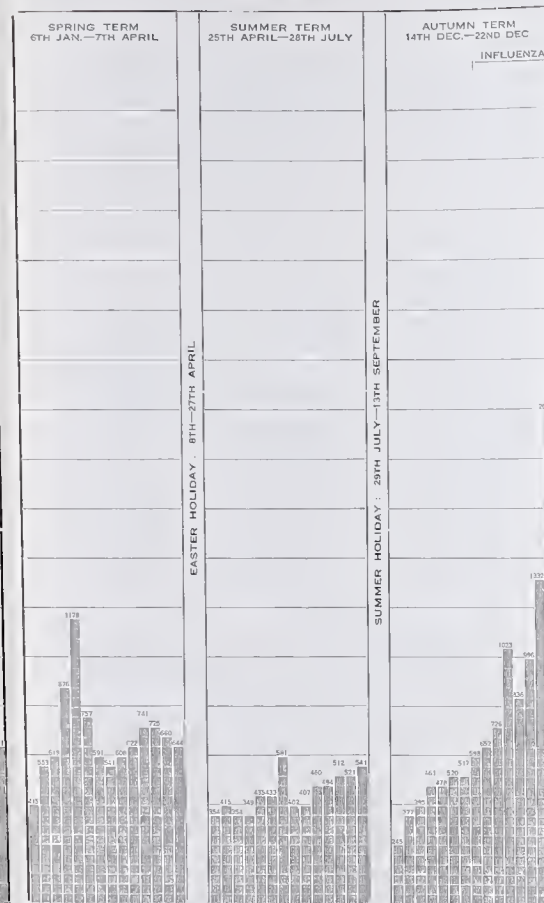
FULL TIME EMPLOYMENT ON LEAVING SCHOOL

Close contact with the Youth Employment Officer regarding suitable employment for the handicapped child continued and in all, 41 children were reported to him during the year. The tables set out the main defects of these 41 children.

1953



1954



1955



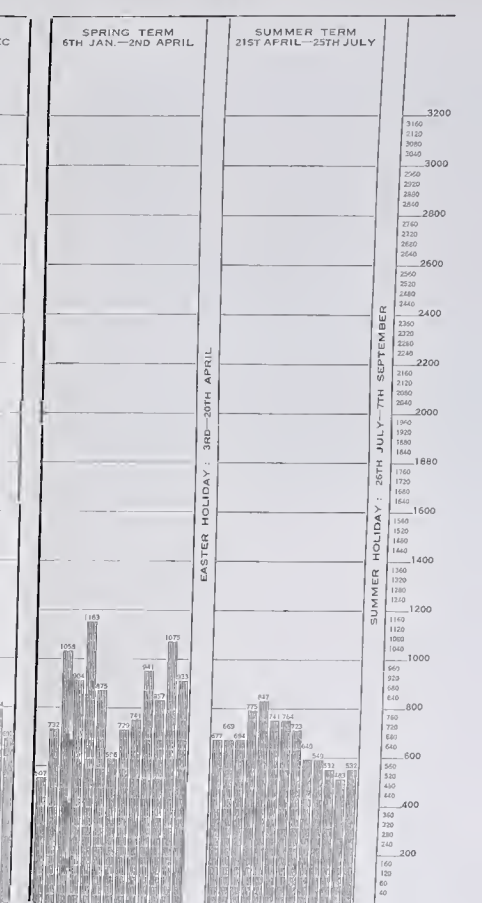
1956



1957



1958



**EMPLOYMENT OF CHILDREN WITH SOME
OCCUPATIONAL HANDICAP
REPORTED ON FORM Y.9.**

Children for whom special consideration about employment was desirable on account of *the medical history*.

MAIN DEFECT	Boys	Girls	Total
a. General condition below average	1	—	1
b. Defective vision	4	2	6
c. Abnormal chest conditions	6	—	6
d. Educationally subnormal	5	—	5
e. Orthopaedic conditions	4	1	5
f. Ear conditions	1	—	1
g. Maladjustment	2	—	2
h. Kidney trouble	—	2	2
i. Heart conditions	—	2	2
j. Epilepsy	—	3	3
TOTAL	23	10	33

REPORTED ON FORM Y.10.

Children for whom registration as disabled persons was considered desirable ; parental consent necessary. (Disabled Persons' Employment Act, 1944).

MAIN DEFECT	Boys	Girls	Total
a. Educationally Subnormal	—	3	3
b. Orthopaedic condition	1	1	2
c. Multiple defects	1	2	3
TOTAL	2	6	8

Financial Year ended 31st March, 1958

(The City Treasurer has kindly supplied me with the following information)

(a)	Total cost of School Health (including Dental) Service	...	£22,682
(b)	Amount of Government Grant	....	£11,795
(c)	Actual cost to the rates	....	£10,887
(d)	Cost in terms of penny rate	....	1.77d.
(e)	Cost per child to the Exeter Education Committee (based on a school population of 10,700)	... ..	£1.0.4d.

RETURNS TO MINISTRY OF EDUCATION

PART I.

Medical Inspection of Pupils attending Maintained Primary and Secondary Schools (including Nursery and Special Schools)

TABLE A—PERIODIC MEDICAL INSPECTIONS

AGE GROUPS INSPECTED (By year of birth) (1)	No. of Pupils Inspected (2)	PHYSICAL CONDITION OF PUPILS INSPECTED			
		SATISFACTORY		UNSATISFACTORY	
		No.	% of Col. 2	No.	% of Col. 2
		(3)	(4)	(5)	(6)
1954 and later	39	39	100	—	—
1953	606	605	99.8	1	0.2
1952	354	354	100	—	—
1951	29	29	100	—	—
1950	426	425	99.8	1	0.2
1949	359	359	100	—	—
1948	50	50	100	—	—
1947	387	386	99.7	1	0.3
1946	544	543	99.8	1	0.2
1945	229	229	100	—	—
1944	280	280	100	—	—
1943 and earlier	793	793	100	—	—
TOTAL	4,096	4,092	99.9	4	0.1

TABLE B—PUPILS FOUND TO REQUIRE TREATMENT AT PERIODIC MEDICAL INSPECTIONS

(excluding Dental Diseases and Infestation with Vermin)

AGE GROUPS INSPECTED (By year of birth) (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Part II (3)	Total Individual pupils (4)
1954 and later	—	9	8
1953	5	106	94
1952	4	61	60
1951	2	2	3
1950	22	42	48
1949	17	23	37
1948	1	2	3
1947	39	51	62
1946	66	95	145
1945	19	44	57
1944	12	54	48
1943 and earlier	58	194	219
TOTAL	245	683	784

TABLE C—OTHER INSPECTIONS

Number of special inspections	....	....	600
Number of re-inspections	....	....	1,403
TOTAL	....	....	<u>2,003</u>

TABLE D—INFESTATION WITH VERMIN

(a)	Total number of individual examinations of pupils in schools by school nurses or other authorised persons	21,892
(b)	Total number of individual pupils found to be infested	175
(c)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	23
(d)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	Nil.

PART II.

Return of Defects found by Medical Inspection during the Year
Ended 31st December, 1958

TABLE A—PERIODIC INSPECTIONS

Defect Code No.	DEFECT OR DISEASE	PERIODIC INSPECTIONS							
		Entrants		Leavers		Others		Total	
		T.	O.	T.	O.	T.	O.	T.	O.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
4	Skin	46	22	129	22	154	64	329	108
5	Eyes : a. Vision	5	42	58	116	182	368	245	526
	b. Squint	11	19	2	7	15	49	28	75
	c. Other	9	2	3	5	9	11	21	18
6	Ears : a. Hearing	2	14	2	3	6	39	10	56
	b. Otitis Media	2	3	1	6	7	27	10	36
	c. Other	28	4	36	16	87	67	151	87
7	Nose and Throat	3	72	1	25	31	152	35	249
8	Speech	2	25	—	—	7	29	9	54
9	Lymphatic Glands	1	24	—	4	1	62	2	90
10	Heart	—	8	2	8	2	33	4	49
11	Lungs	4	24	2	12	8	80	14	116
12	Developmental :								
	a. Hernia	1	4	—	4	3	7	4	15
	b. Other	1	12	—	2	12	40	13	54
13	Orthopaedic :								
	a. Posture	—	6	7	14	7	55	14	75
	b. Feet	2	14	2	10	4	63	8	87
	c. Other	3	60	7	46	15	187	25	293
14	Nervous System :								
	a. Epilepsy	—	1	—	2	—	17	—	20
	b. Other	—	3	—	2	—	10	—	15
15	Psychological :								
	a. Development	—	5	—	5	5	31	5	41
	b. Stability	—	29	—	5	1	60	1	94
16	Abdomen	—	2	—	1	—	18	—	21
17	Other	—	5	—	2	—	12	—	19

T means requiring Treatment.

O means requiring Observation.

TABLE B—SPECIAL INSPECTIONS

Defect Code No.	DEFECT OR DISEASE	SPECIAL INSPECTIONS	
		Pupils requiring Treatment	Pupils requiring Observation
(1)	(2)	(3)	(4)
4	Skin	63	7
5	Eyes : <i>a.</i> Vision	73	54
	<i>b.</i> Squint	3	1
	<i>c.</i> Other	15	4
6	Ears : <i>a.</i> Hearing	3	2
	<i>b.</i> Otitis Media	2	1
	<i>c.</i> Other	21	11
7	Nose and Throat	17	28
8	Speech	2	7
9	Lymphatic Glands	—	3
10	Heart	—	1
11	Lungs	3	11
12	Developmental :		
	<i>a.</i> Hernia	—	1
	<i>b.</i> Other	2	9
13	Orthopaedic :		
	<i>a.</i> Posture	1	11
	<i>b.</i> Feet	—	7
	<i>c.</i> Other	6	13
14	Nervous System :		
	<i>a.</i> Epilepsy	2	2
	<i>b.</i> Other	—	1
15	Psychological :		
	<i>a.</i> Development	1	12
	<i>b.</i> Stability	7	18
16	Abdomen	1	2
17	Other	11	11

PART III.

Treatment of Pupils attending Maintained and Assisted Primary and Secondary Schools (including Nursery and Special Schools)

TABLE A—EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	186
Errors of refraction (including squint)	974
TOTAL	1,160
Number of pupils for whom spectacles were Prescribed	674

TABLE B—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with
Received operative treatment—	
(a) for diseases of the ear	3
(b) for adenoids and chronic tonsillitis	123
(c) for other nose and throat conditions	9
Received other forms of treatment	570
TOTAL	705
Total number of pupils in schools who are known to have been provided with hearing aids :	
(a) in 1958	1
(b) in previous years	9

TABLE C—ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patients departments	25
(b) Pupils treated at school for postural defects ...	6
TOTAL	31

TABLE D—DISEASES OF THE SKIN
(excluding uncleanness, for which see Table D of Part I)

	Number of cases known to have been treated
Ringworm : (i) Scalp	—
(ii) Body	3
Scabies	2
Impetigo	31
Other skin diseases	430
TOTAL	466

TABLE E—CHILD GUIDANCE TREATMENT

	Number of cases known to have been treated
Pupils treated at Child Guidance Clinics	209

TABLE F—SPEECH THERAPY

	Number of cases known to have been treated
Pupils treated by speech therapists	143

TABLE G—OTHER TREATMENT GIVEN

	Number of cases known to have been dealt with
(a) Pupils with minor ailments	1,279
(b) Pupils who received convalescent treatment under School Health Service arrangements	1
(c) Pupils who received B.C.G. vaccination	869
(d) Other than (a), (b) and (c) above. Please specify :	
Heart conditions (incl. Rheumatism and Chorea) ...	7
Lungs (incl. Tuberculosis and Non-Tuberculosis conditions, Bronchitis, etc.) ...	108
Hernia and other developmental defects	9
Epilepsy and other nervous conditions	5
Miscellaneous — Glands, Abdomen, Appendicitis, Influenza, Fractures, Urinary conditions, etc.	159
TOTAL	2,437

PART IV.
DENTAL INSPECTION AND TREATMENT
CARRIED OUT BY THE AUTHORITY

(1)	Number of pupils inspected by the Authority's Dental Officers : --				
	(a)	At Periodic Inspections	....	....	9,740
	(b)	As Specials	....	....	1,492
				TOTAL (1)	11,232
(2)	Number found to require treatment				
(3)	Number offered treatment				
(4)	Number actually treated				
(5)	Number of attendances made by pupils for treatment including those recorded at heading 11 (h)				
(6)	Half days devoted to : Periodic (School) Inspection				
		Treatment	....	....	90
				TOTAL (6)	1,432
					1,522
(7)	Fillings :				
		Permanent Teeth	....	....	5,172
		Temporary Teeth	....	....	658
				TOTAL (7)	5,830
(8)	Number of teeth filled : Permanent Teeth				
		Temporary Teeth	....	....	4,732
				TOTAL (8)	651
					5,383
(9)	Extractions :				
		Permanent Teeth	....	....	1,222
		Temporary Teeth	....	....	2,403
				TOTAL (9)	3,625
(10)	Administration of general anaesthetics for extraction				
(11)	Orthodontics :				
	(a)	Cases commenced during the year	....	....	169
	(b)	Cases carried forward from previous year	....	....	106
	(c)	Cases completed during the year	....	....	39
	(d)	Cases discontinued during the year	....	....	6
	(e)	Pupils treated with appliances	....	....	94
	(f)	Removable appliances fitted	....	....	152
	(g)	Fixed appliances fitted	....	....	—
	(h)	Total attendances	....	....	1,745
(12)	Number of pupils supplied with artificial dentures				
(13)	Other operations :				
		Permanent Teeth	....	....	30
		Temporary Teeth	....	....	1,112
				TOTAL (13)	24
					1,136

